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Was

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eath.

ance (5) cause

hospital

ō

BIRTH NO.

FULL NAME OF HOSPITAL OR INSTITUTION

I. NAME OF DECEASED (Type or Print)

3. PLACE IN BALTIMORE, M.

10A. USUAL OCCUPATION (GI

6. RACE

62.	- 1501 BALTIMORE CITY	HEALTH DEPARTMENT	00 4504
00	CERTIFICA	TE OF DEATH REG. NO.	68- 1501
D		2. DATE AND HOUR OF DEATH	· nett
055, VA	AKER W	Del 5, 196	8 1 / TO A M.
RE MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If inst	titution: residence before odmission)
(IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET	Mo.	53.00
ADDRESS OR LOCA			E CITY LIMITS?
41 HOSB, 7	OF BALTIMORE	BALTIMORECO	YES NO NO
0.1	of exceptions		7138 Bexhill Rd.
Sw.C.		DEXHILL #07	21207
ACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
W	WIDOWED DIVORCED	10-20-84 83	
TON (Give kind of working life, even if retired)	10 B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED	Mens Shoes, Retail	BALTO. Md.	AMERICAN
		14. MOTHER'S MAIDEN NAME	
San Land Land Land	s Gross	Florence Evelyn Pal	mer
in U. S. Armed For		17. INFORMANT DEXHILL # 07	ADDRESS
	212-03-2880A	MRS HENRY B CHAP	138 Bexhill Road WAN 21207
L 5887	CAUSE OF DEATH		APPROXIMATE INTERVAL
R CONDITION DIE	RECTLY & CELL	CAROLLET TO COLORER FRR	OR.
DING TO DEATH	MAMMEDIATE CAU	SE acute Covenau de	sur 16 days

done during most of working life, a Store Mgr. 13. FATHER'S NAME 15. Was Deceased Ever in U. (Yes, no or unknown) (If yes, give No DISEASE OR CON LEADING (This does not meen the made of dying, e.g., BUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease injury or camplication which coused deoth.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the_ UNDERLYING CONDITION last. 42011 П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198 CONDITION FOR HICH OPERATION WAS PERFORMED 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID 21 A. ACCIDENT WAS UNDERLYING (If In Boltimore City, give exact location OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? MEDICAL DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) 21E. INJURY OCCURRED (Hour) Not While OF INJURY (APPROX.) 1960 22. I certify that (1) (this haspital) attended the deceased fram that (1) (we) last saw the deceased alive an and that in(my) (aur) apinian death accurred an the date and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE Attending Staff Phys. Med. Director L Phys. 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24C, NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24D. LOCATION (City, town, or county) 2/8/1968 Baltimore, Md. Burial Parkwood Cemetery
Parkwood Cemetery
Parkwood Cemetery

VS 150-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

Telnen Lemmon, 4611 Park Heights Ave.

ADDRESS



Such

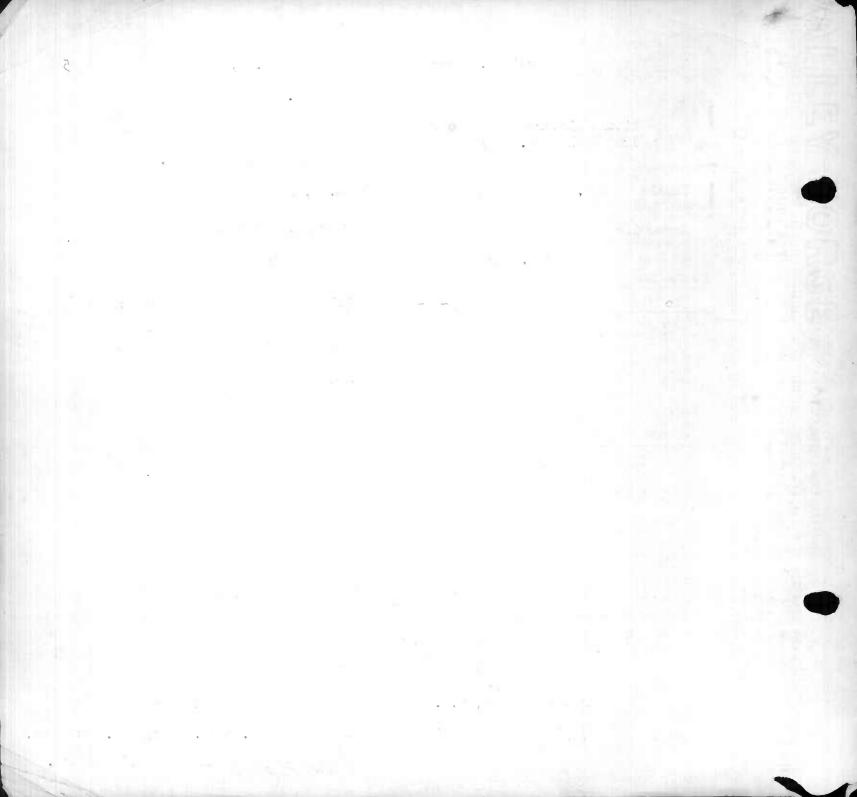
prior to death.

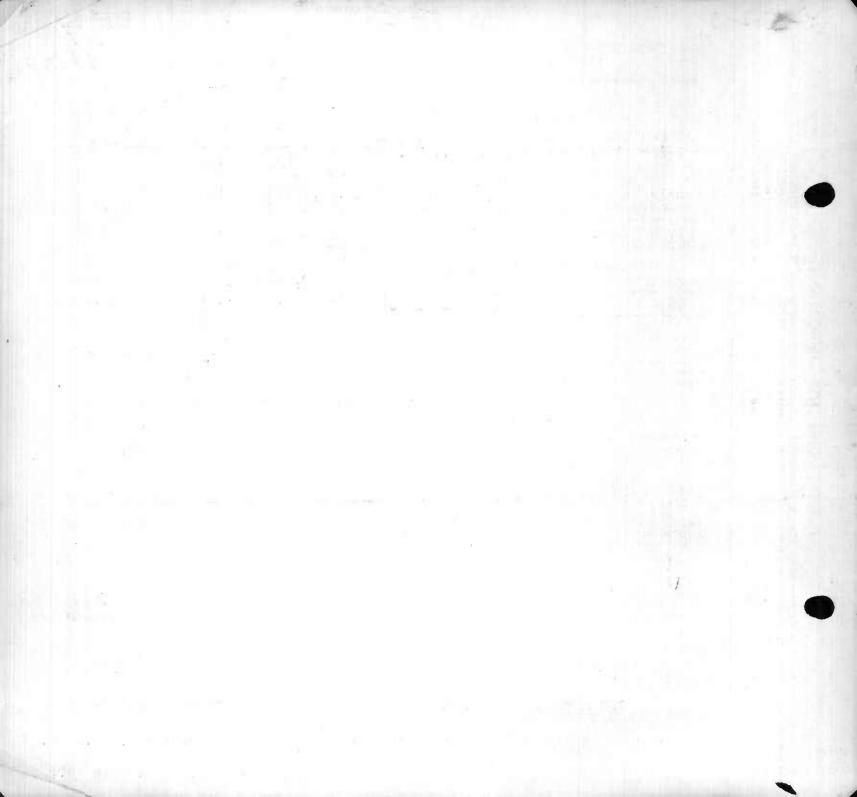
ing couse of death couse; (5) Deceased offendonce on the

	00 11		Y HEALTH DEPARTMENT		
	66-1:	502 CERTIFICA	TE OF DEATH	REG. NO	68- 1502
BIRTH NO.	-	CLKTITICA			
NAME OF DECEASED Type or Print)				ID HOUR OF DEAT	Н
		A. Barry	Feb.	5, 1968	\$: 00 A
B. PLACE IN BALTIMORE, MA	RYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If	institution; residence before admis-
ULL NAME OF (IF NOT	T IN HOSPITAL OF INS	TITLITION CAVE STREET	Md.		
OSPITAL OR ADDRE	SS OR LOCATION	STITUTION, GIVE STREET	C. CITY OR TOWN	D_ID	ISIDA CITY CIMITS?
Little	Sisters Of !	The Poor	Baltimor	e /	CHES IN NO
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70			2701 Bee	thoven Ave	
SEX 6. RACE	7. AA A DDU	ED NEVER MARRIED		9. AGE (In years	T 1/ 11 1 2 3 3 1/ 1/ 1/ 04
Female Cau		45	Sept. 7, 1880	lost birthdoy	Months Doys Hours Mi
			11. BIRTHPLACE (Stote or fore	-	12. CITIZEN OF WHAT COU
one during most of working fife, e		OT VOSITIESS ON INDUSTRI			12. CHIZEN OF WHAT COOL
Housewife	A1	t Home	Brooklyn, News	York	
3. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
1	homas P. Bu	rd	Viola	Ivans	
5. Was Deceased Ever in U. S		1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no ar unknown) (If yes, give	wor or dotes of service		Table Carbons	OC ML - D-	an Dananda
No		215-05-6320 CAUSE OF DEAT	Little Sisters	OI The Po	OF RECORDS APPROXIMATE INTERV
DISEASES OR CONDIT		ing	A CONSEQUENCE OF:		
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vise to the obove UNDERLYING CONDITION #### ### ### ### ###################	cause (A) stating DN last.	(c)	20A. AUTOPSY? (Yes or No	208, IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
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1968 VS 150-REV. 1/1/6B

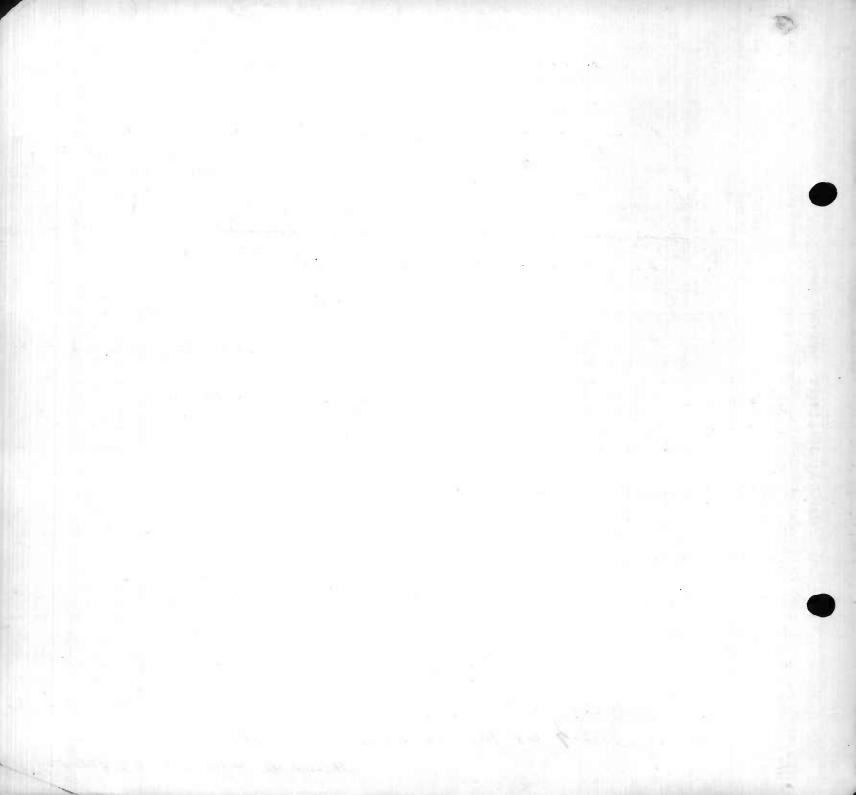
Vernon Lemmay.





tf Under 1 Yr. Months; Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Baltimare City, give exact location) and that in (my) (our) opinion death occurred on the date 23 B. DATE SIGNED

NO

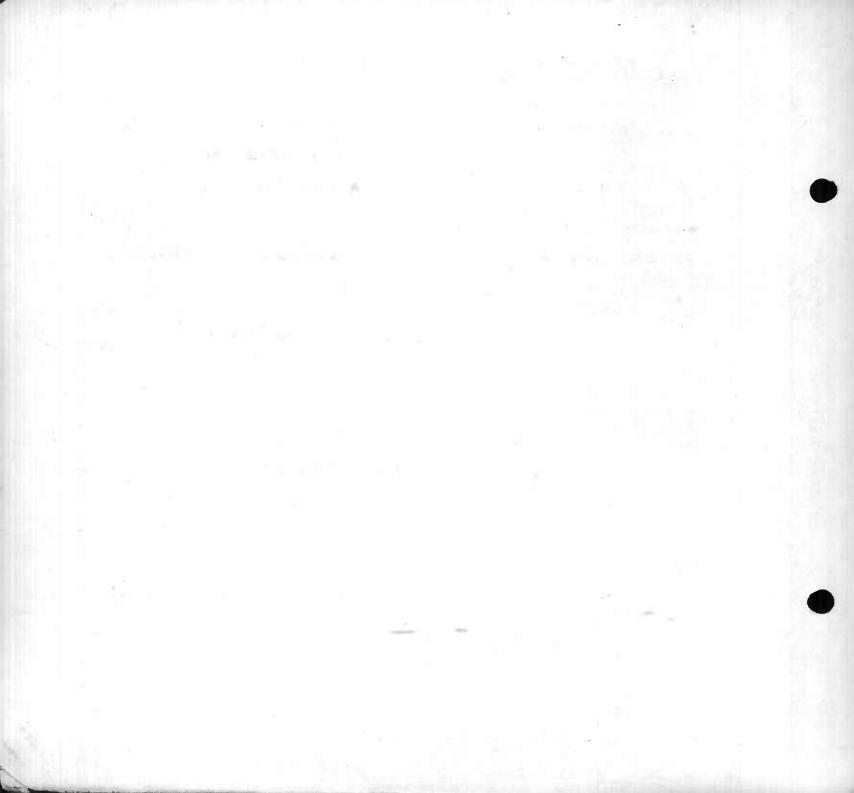


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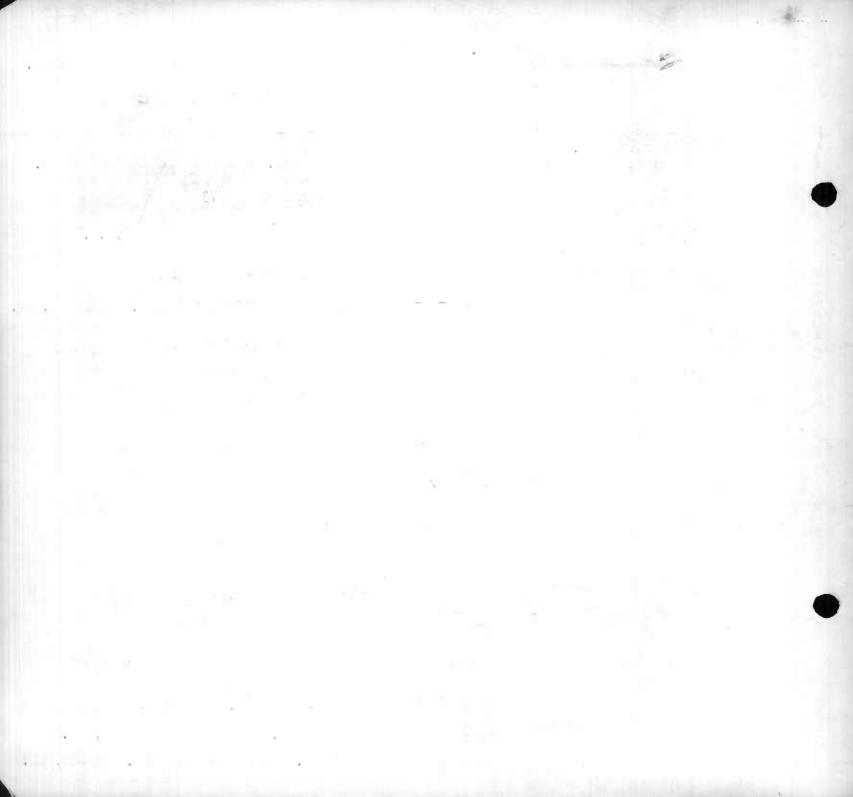
FUNERAL DIRECTOR:

	00 45	BALTIMORE CITY	Y HEALTH DEPARTMENT		00 4500
	68- 15	U6 CEPTIFICA	TE OF DEATH	REG. NO.	68- 1506
	RTH NO.	CLKTITICA			
	PE OF DECEASED	12 . 11 . 1		HOUR OF DEATH	
. 1	Pe or Print CATHERING T.	KUITN	Feb.	6 1968	10:40 A
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If institut	ion: residence before admissi
			MARYLAND		2
HC	LL NAME OF (IF NOT IN HOSPITAL OR INS' SPITAL OR ADDRESS OR LOCATION)	ITTO HON, GIVE STREET	C. CITY OR TOWN	D. INSIDE C	TITY LIANTE
IN:	UNIVERSITY HOSPIT	7A-L	BALTIMORE		
-	UNIVERSITY MOSFIL	1. –	E. STREET AND NUMBER	16:	NO [
3	X			ST	
-					
5. S		D NEVER MARRIED		AGE (In years If Mo	Under 1 Yr. If Under 24 Honths Doys Hours Min.
	F WHITE WIDOWE	DIVORCED	APRIL 20, 1908	59	
	USUAL OCCUPATION (Give kind of work 108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country) 12	CITIZEN OF WHAT COUNT
	e during most of working life, even if retired)	01.0	1750 1 10 40	10	45. A
		Home	BALTO, M		
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	- 1 1	U S
	PETER LOYCE		CATHERINE	71110301	
	Wos Deceosed Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT		ADDRESS
Yes	s, no or unknown) (If yes, give wor or dates of service	SECURITY NO.		0 (1	
	NO U		HUSPIFAL C	HART	
	18. / 8 / X	CAUSE OF DEAT	Н		BETWEEN ONSET AND DEA
	DISEASE OR CONDITION DIRECTLY	4 000 0 111	OMA OF THE CO	FRVIX	
	LEADING TO DEATH	(A) IMMEDIATE CA	USE		18 YEARS
	(This daes nat meon the mode of dying, e. heart failure, osthenia, etc. It means the diseas	9., DUF TO OR AS	A CONSEQUENCE OF:		
	injury ar camplication which coused death.)				
	ANTECEDENT CAUSES				
		(B)	A CONSEQUENCE OF:		
	DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating II	ng DOE 10, OK AS	A CONSEQUENCE OF:		
	UNDERLYING CONDITION lost.	(c)			
	1214	(-)			
z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	2			
	TO THE DEATH BUT NOT RELATED TO THE TERMINA	CARDIA	C FAILURE		9 DAYS
¥	DISEASE OR CONDITION GIVEN IN PART 1 (A).	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208 IF YES WERE SIND	INGS CONSIDERED
CATIC		WITHCIT OF ERATION	Zon. Adior Strikes of Ito	IN CERTIFYING CAUSES	OF DEATH?
IFICATION	WAS PERFORMED		W1 /		
ERTIFICATIO	0		MO		
CERTIFIC	21A. ACCIDENT WAS UNDERLYING	1B. PLACE OF INJURY (e.g., ome, form, foctory, street, c	in or obout 21C. WHERE DID	(If in Boltimore Cit	y, give exact location)
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CAL CERTIFIC	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	ome, form, foctory, street, o	in or about 21C. WHERE DID ffice bidg., INJURY OCCUR?		y, give exact location)
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AL CERTIFIC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	ome, form, foctory, street, ctc.)	in or obout 21C. WHERE DID office bidg., INJURY OCCUR?		y, give exact location)
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MEDICAL CERTIFIC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Haur) 20 (APPROX.) 22. I certify that (1) (this haspital) attended	ome, form, foctory, street, otc.) 1E. INJURY OCCURRED White At Not White At Work I the deceased from	in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJU	RY OCCUR?	6 19 6
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MEDICAL CERTIFIC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Haur) 21D. TIME (Month) (Day) (Year) (Haur) 22. I certify that (1) (this haspital) attended that (1) (10) last saw the deceased alive or	ome, form, foctory, street, otc.) 1E. INJURY OCCURRED White At Not White At Work I the deceased from Table ((1) (We) (did) (did ast)	in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJU te	RY OCCUR? 9 <u>6名</u> ta <u></u> テムし、 t In(my) (aur) apinian	6 19 6

23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 24C. NAME OF CEMETERY OF CREMATORY 24A. BURIAL CREMATION, REMOVAL (Specify) 248. DATE D. LOCATION (City, town, or county) (Stote): 2)9
25A. DATE REC'D BY HEALTH DEPT! 6 Com. 4300 DIRECTOR VS 150-REV. 1/1/68



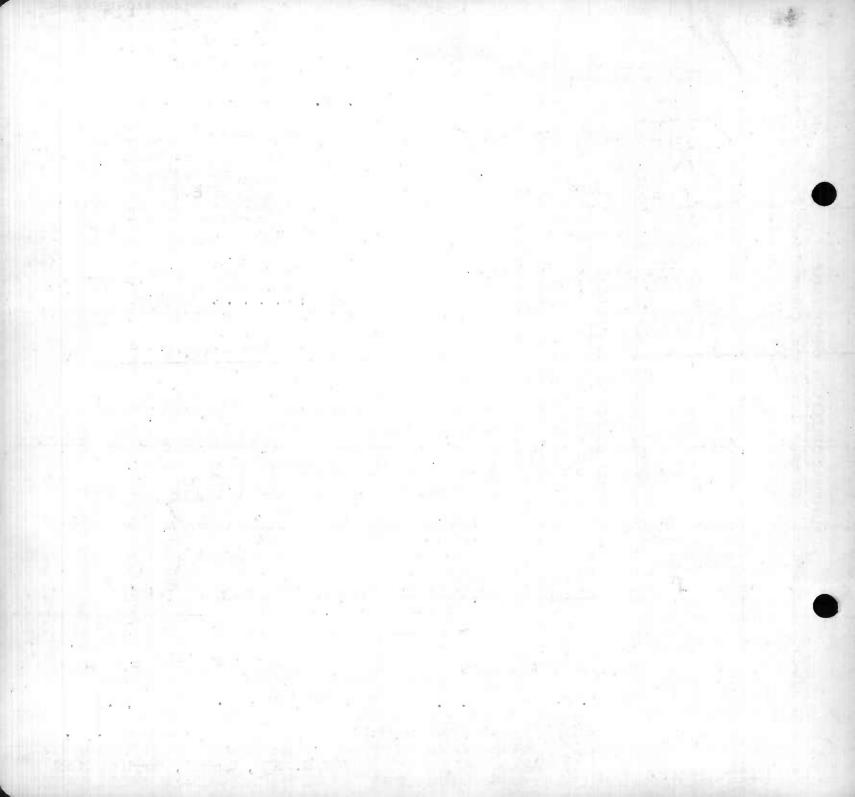
. NA	ME OF DEC	TASED	F	ertha /	A. Burkoski		2. DATE AN	ID HOUR OF DEAT	TH /	
	or Print)		-0	ERTHY	4	SKI	2. 2	JEPM 3/	4/68	5:40P.
3. PL/	ACE IN BALI	IMORE, MA	LAND, W	HERE PRONO	UNCED DEAD	4. USUAL F	RESIDENCE (Whe		institution:	residence before admiss
N STI	NAME OF				UTION, GIVE STREET	Mary.	land TOWN	Baltimo	VSIDE GITA	
		City	- min	als		Balt:	imore Chand NUMBER	256	YES	ио 🛣
		ern Av		21224			30000	74	W2 2 -	Des Wals D.1
. SEX		Mary 6. RACE	land #		NEVER MARRIED		BIRTH	9. AGE (In vents	Na Folf Unde	Branch Rd.
F	emale	White		WIDOWED		3-10-	CHASE	Met billhooy OS	Months	Doys Hours Min
oA. U	SUAL OCCU	PATION (Give			F BUSINESS OR INDUST	TRY 11. BIRTHPL	A CE (Stote for fore	ign recountry	12, CITI	ZEN OF WHAT COUN
	uring most of v	vorking lite, ev	en if retired)			Ponnas	ylvania	Se Asian V	TT	. C .
	THER'S NAM	A E					S.2 WAIDEN NA	ME	0	.S.A.
To	uis p						1 200 1 1			
s. Wo	s Deceased	enson Ever in U. S.	. Armed Force	es?	1 6. SOCIAL	Augus 17. INFORM	Sta Plit	Č		ADDRESS
Yes, n	o ot unknawn)	(If yes, give	wor or dates	s of service)	216-01-1659					# 21224
110	250.				CAUSE OF DE	DOIL. IN	ecoras 49	40 Lastern	Ave.	Baltimore, M
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	6	8- 1	508 CERTIFICA	HEALTH DEPARTM	ENT RE	G NO.	68- 1508
BIRTH NO.			CERTIFICA	TE OF DEA	IH	/	65 - 40
Type or Print)	D		Lena Olesky	2. D	ATE AND HOUR	F DEATH 123	SEPR.
	Na 01.	esti			Feb. 4.	1968	12:35
B. PLACE IN BALTIMO	DRE, MARYLAND,	WHERE PRO	CHOUNCED DEAD	4. USUAL RESIDENCE A. STATE	E (Where deceased COUNTY	lived. It institutio	n: residence betore adm
FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSP ADDRESS OR LO	TAL OR IN	ISTITUTION, GIVE STREET	C. CITY OR TOWN	Mononga	D. INSIDE CIT	
		D		MONONGA	h W. Va	YES	ON L
DXPHS	Hosp	Isa It	imore Md	E. STREET AND NU	MBER	St Ma	vengah W.
- SEX 6. R	ACE	7. MAADE	RIED X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In		nder 1 Yr. If Under
Female	White	WIDOV		5/28/11	lost birthdo	Mon	hs Doys Hours
			O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	e or foreign country)	12.0	TITIZEN OF WHAT CO
one during most of worki)			. 1		14
3. FATHER'S NAME	ewife			W .	Va		U, S
MAINER S NAME				14. MOTHER'S MAIL			
Seve	cino 1	-u++	e ~	Max	ria Fed.	CIEDAN	
S. Was Deceased Eve	in U. S. Armed F	arces?	1 6. SOCIAL	17. INFORMANT		7 7 7 7 7	ADDRESS
No	es, give wor or do	nes of servi	security No.	Records: U	I.S.P.H.S	Hogni ta	
NO			CAUSE OF DEAT		·O·F·H·O·	HOSPICAL	APPROXIMATE INTE
	R CONDITION E			A4 L	static 1		SETWEEN ONSET AND
heart foilure, osth	neon the mode of enia, etc. It meon otion which couse	s the dise		A CONSEQUENCE OF:		***************************************	
ANI	ECEDENT CAUSE	:2	(B)		*****		
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ath at			(0)				
O OTHER SIGNIFICAL	II CONDITIONS C	ONTRIBUTIO	NC				
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DISEASE OR COND			OR WHICH OPERATION	20A. AUTOPSY? (Ye	or as Nall 20P IE V	ES WERE SINISIN	CC CONCIDENCE
19A. DATE OF OP		RFORMED		~	D IN CERTI	FYING CAUSES	GS CONSIDERED OF DEATH?
OR CONTRIBUTIN	G CAUSE OF	_	21B PLACE OF INJURY (e.g., i home, torm, foctory, street, of etc.)	fice bldg., INJURY OC	DID (If	in Boltimore City,	give exoct location)
21D. TIME (M.	onth) (Doy) (Yeo	No	215 1111122 0 6 6 1122 0	015 110	-1- 1		
OF INJURY	onthi (Doy) (Teo	(1000)	21E. INJURY OCCURRED		DID INJURY OCCU	IR?	
(APPROX.)			While At Not While Work At Work				
22 Leastify that	(I) (Abicabasait	al) attend	ed the deceased from	TON 16	1968	- Feb	19 (
			an Feby			(our) opinian a	leath accurred an ti
and have and fro	m the causes st	ated abav	e. (1) (Re) (did) (did not) v	iew the bady after	death.		
23A. SIGNATURE						23 B. I	ATE SIGNED
0.0	80	-10	C I DL	nding Med.	r Staff Phys.	6	. 1 11 101
23C. PHYSICIAN'S	m 1, 3	who	D DEGREE Phy	23D. ADDRESS	r 🗀 Phys. 🖼	1	eb 4, 196.
NAME (Type)							
Al	an R. But		M. D. OEGREE		more, Md.	USPHS Ho	sp.
24A. BURIAL CREMAT		24	C. NAME of CEMETERY of CRI	MATORY	24D. LOCATION		n, or county) (5
REMOVAL (Speci	2/7/68	H	loly Cross Cemete	ry		Fairmoni	, W. Va.
Burial							
SA. DATE REC'D BY	DEALIN DEFE	AN PORT	ME OF REGISTRAR	25C. FUNERAL DI	RECTOR.		ADDRESS

JOHN J. DUDA, Dundalk, Maryland 21222



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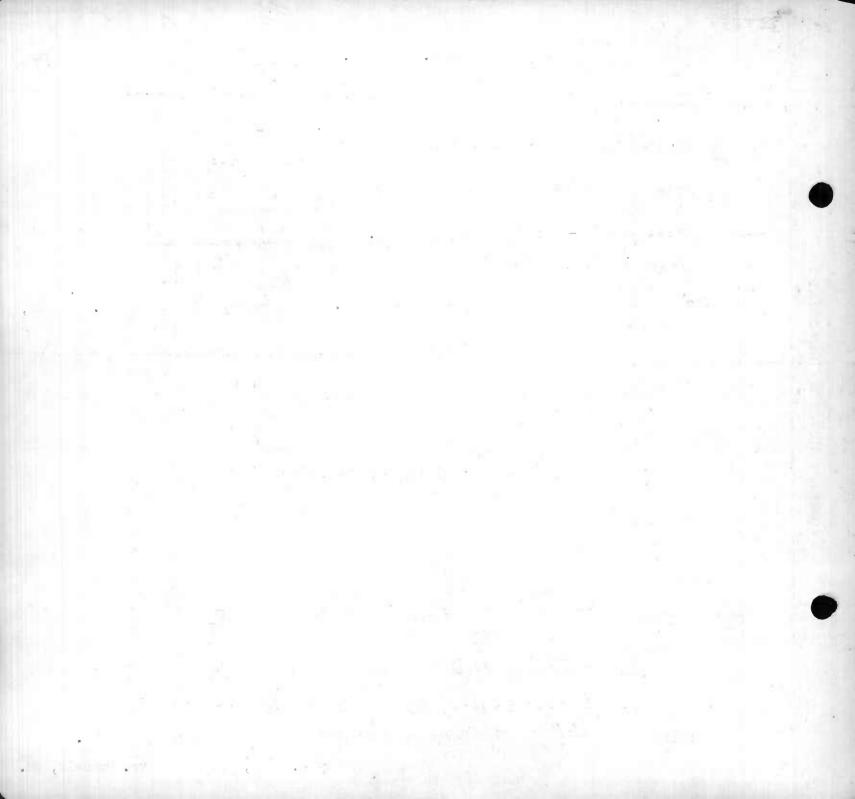
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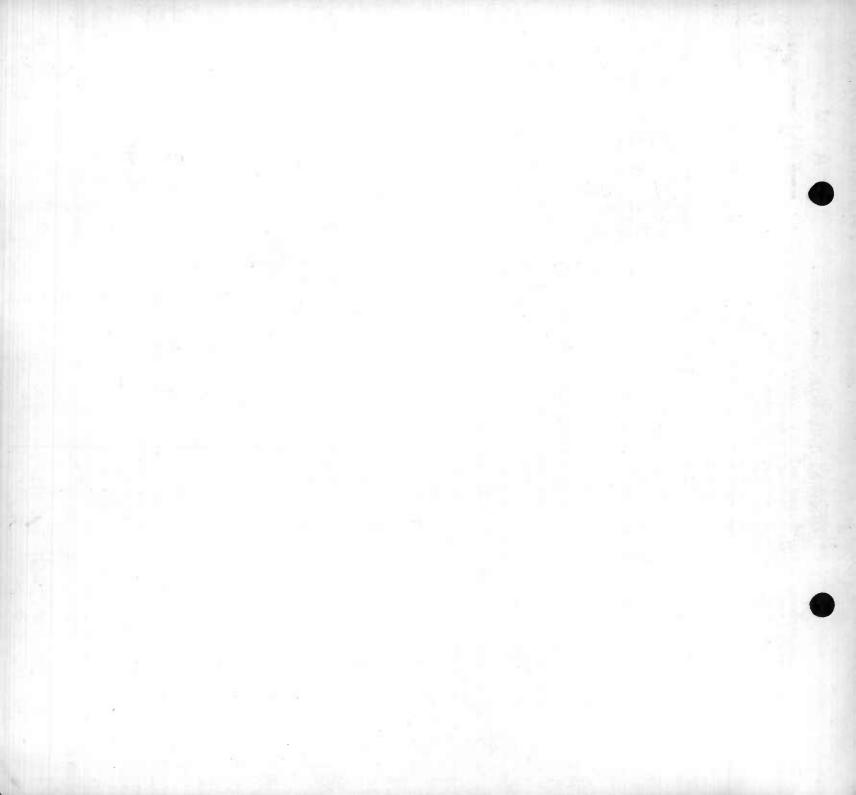


		BALTIMORE CIT	Y HEALTH DEPARTMENT		
	н но. 68-1.	512 CERTIFICA	TE OF DEATH	Registered No.	68- 1512
1, N	E CASE NO. AME OF DECEASED De or Print)	AOC ARET	2. DATE A	ND HOUR OF DEATH	130
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND	AKOMICET			stitution: residence belore odmission
1	FULL NAME OF (If not in hospital or instituti HOSPITAL DR address or location)	on, give street	C. CITY OR TOWN (III o	ud Can	RURAL and give township)
(DINA HOCOITA		FINKSBU	R6	
2	2 LINAL MOSALLA		D, STREET ADDRESS	fruid, give locotion)	+ Rel
5. \$		JED, NEVER MARRIED WED, DIVORCED (specily)	11 25 09	9. AGE (In years lost birthday)	II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work 10B. KINE aduring most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
4	report-117/0		Umm Bra	le md	11.5.0.
13.	FATHERS NAME	0	4. MOTHER'S MAIDEN NO	MAE	
	Edgar Hough	S.	nellie	Clan	
15. Yes	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	18	ADDRESS
			mr. Bot 5	2. White	Sime addresse
	18.4 - 1.0	CAUSE	DF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	Int	PANERERDA	Hammen	HAKE 2-2-CD
	(This daes not mean the made of dying,	A) IV	IMCFICEDIA	CHOIL	MOT X X 10
	heart failure, asthenia, etc. II means the diser injury ar camplication which caused death.)		1	. ^ .	2
	ANTECEDENT CAUSES	(B) (P	rebrova scula	1 discal	,
	DISEASES OR CONDITIONS, if any, give	DUE TO	1. 10.40.	0	
	rise to the above cause (A) stating UNDERLYING CONDITION last.		They 4 CURIODO		
			19		
LION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
TIFICA		OR WHICH OPERATION	20A. AUTOPSY? (Yes or N	10) 20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
AL CER	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medicol exominer)	21B. PLACE OF INJURY (e.g., home, lorm, loctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(II in Bottimore	e City, give exact location)
DIG		21E. INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
×	OF INJURY (APPROX.)	While At Not Whi		1	
	22. I certify that (I) (this haspital) oftende		III >	19 65 to	1968
	that (1) (we) yest saw the deceased alive	1 10 11	10 b & and		nion deoth occurred an the do
	and hour and from the coases stated above	1			mon death accoured all the da
	23A. SIGNATURE	e Cara Mara Mara Horr	view the body offer deoff.	•	23B, DATE SIGNED
	Calant.	M.D. At	tending Med. Director	Stoff Phys.	21418
	23C. PHYSICIAN'S)	23D. ADDRESS	Tilys	14/1/100
	NAME (Type)	E M.D.	C/D/JAJA	1 theode	
244	BURIAL CREMATION, 24B. DATE 246	C. NAME of CEMETERY OF CE	REMATORY 24D.	LOCATION (CI	ity, town, or county) (Stote)
-	BLADAM 2/9/68	Fambela,	3. st. 2		and 1
25A	A. DATE REC'D BY HEALTH DEPT. 258. NAM	ME OF REGISTRAR	25C. FUNERAL DIRECTO	or stand	ADDRESS .
	FEB 7 1968 R. C. A.	E. Falleman	215.mu	ere In live	truent md.
VS	150-REV. 1/1/65		1	with hors	no vovele file

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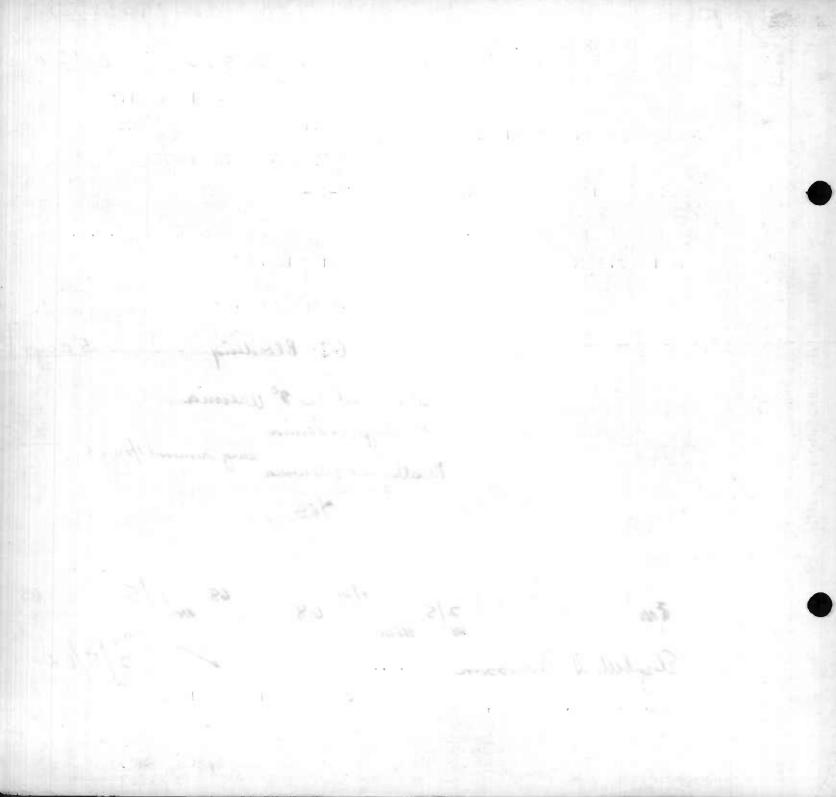
FUNERAL



MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO	
I. NAME OF DECEASED	2. DATE Known Manth Day Yea	Haur
(Type or Print)	OF	
FRANCES BROWN 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted XX January 29, 1968 3. DATE Month Doy Yee	M. Hour
	PRONOUNCED DEAD	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	February 4, 1968	'4:20 P.M.
A National N	5. USUAL RESIDENCE (Where deceased lived. If institution; colden A. STATE B. COUNTY	ce berary admission)
)()520 E. 43rd St.	Maryland	
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN	S?#
female white WIDOWED DIVORCED	Baltimore YES X	NO 🗌
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days, Haurs, Min.	E. STREET AND NUMBER	
5/16/1900 67	520 E. 43rd St.	
11. BIRTHPLACE(State or fareign country) 12. CITIZEN OF	13. FATHER'S NAME	
MARYLAND WHAT COUNTRY?	De ses M. En. D	
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME	
dang during mast of warking life, even if retired)	1 -1	
16. WAS DICEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS	
(Yes, na ar uhknawn) (If yes, give wor ar dotes af service) Y SECURITY NO.	1018 20	Ely Court
nu 217-09-05.		yton, md
19. 4/2.9 1 CAUSE OF DEA	TH // 1/	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	V	
LEADING TO DEATH ATTERIOR	sclerotic Cardiovascular Disease	
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:	
Injury or camplication which coused death.)		
ANTEGER ENT CAUGE		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE		
UNDERLYING CONDITION LAST. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W/		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AL	JTOPSY? (Yes ar Na)
0,6		No
	in ar about 22C. WHERE DID (If in Baltimare City, give exact lacation	in)
UNDERLYING OR CONTRIB-	te bldg., etc.) INJURY OCCUR?	
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
	WHILE	
23.	VORK L	
	topsy and that on this basis, death in my opinion	n
resulted from: Natural causes X Accident Suicio		
ACTUAL /// ACTUAL	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE MUCHUS M.D.	ASSISTANT MEDICAL EXAMINER X	0/5/60
EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER	2/5/68
TVANLE (Type)		
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	ar CREMATORY 24D. LOCATION (City, tawn, or cou	onty) (Stote)
But 10 2/7/68 D. 100	Da Pener Baltinen	md
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS	771-
AND THE RESERVE OF THE PARTY OF	U DAD A MA	2000 E.
FFB 7 1968 (1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 2, 1, 2, 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	John H. Moran mc	BOX H
VS 151-REV. 1/1/68	4	110000

John K Blorge and Selling

	RTH NO.		1515	CLKIIICA	TE OF DEATH	REG. NO.	Promise to
	PAME OF DECE pe or Print)	Tisher	A.Fish	er) large	2. DATE AN	5 68	6:15
9 FU	JLL NAME OF	(IF NOT IN HOSPITA ADDRESS OR LOCA	L OR INSTITU		A. USUAL RESIDENCE (WHEA, STATE 8. COUNTY) MARY LAND C. CITY OR TOWN	BALTIMORE	CITY DE CITY LIMITS?
101.	STITUTION THE JOHN 23	S HOPKINS HO	SPITAL		BALTIMORE E. STREET AND NUMBER 1325 EAST N	9	VESXX NO
70 5	SEX	6. RACE	7. ALADDIED F	NEVER MARRIED	8. DATE OF SIRTH	9. AGE (In years	If Under 1 Yr. If Unde
E S E		WHITE	WIDOWED	XX DIVORCED	12-19-00 11. SIRTHPLACE (State or force	lost birthdoys 67	If Under 1 Yr. If Under Months Doys Hours
e ê arı		ver Retired	Balto	. City	Baltimore,		U.S.A.
spos 13.	WILLIAM	FISHER			LYDIE WILLIA	MS	
e C (Ye	Wos Deceosed es, no of unknown)	Ever in U. S. Armed Ford (If yes, give wor or dote:	es? of service)	SECURITY NO.	17. INFORMANT 320 Mr. Francis	Weaver Av	enue 21204
d or fi	The State of	4,01		CAUSE OF DEATH		G. A. T. DIIOA	APPROXIMATE IN
remains a	UNDERLYING OTHER SIGNIFI TO THE DEATH	abave cause (A) CONDITION last. II CANT CONDITIONS CON I BUT NOT RELATED TO THE	ITRIBUTING		povolema id odenoma	lurg, removes	(1/24/68
0 0 X	19A. DATE OF	OPERATION 198. CONI WAS PERF	1 (A).	HICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE F	
ysic e th	Thereto				405		INDINGS CONSIDERED
before th	21 A. ACCIDEN OR CONTRIBU DEATH (notify	TING CAUSE OF	21 B. F home etc.)	PLACE OF INJURY (e.g., in form, foctory, street, of	n or about 21 C. WHERE DID fice bldg., INJURY OCCUR?	NO	INDINGS CONSIDERED SES OF DEATH? City, give exoct lacotion)
efore th	21 A. ACCIDEN OR CONTRIBU DEATH (notify	TWAS UNDERLYING TING CAUSE OF medicol exominer (Month) (Doy) (Year)	(Hour) 21 E.	NJURY OCCURRED At Not While	21F. HOW DID INJ	(If In Soltimore	City, give exact lacation)
h); ond (6) No physis be obtained before th MEDICAL CERTIF	21 A. ACCIDEN OR CONTRIBU DEATH (notify 21 D. TIME OF INJURY (APPROX.) 22. I certify that (1)	medical examiner) (Month) (Day) (Year) that (1) (this haspital) last saw the decease	(Hour) 21E, Whill Work	NJURY OCCURRED At Not While At Work a deceased fram	21F. HOW DID INJ	IURY OCCUR?	
to deoth); ond (6) No physical must be obtained before the	21 A. ACCIDEN OR CONTRIBU DEATH (notify 21 D. TIME OF INJURY (APPROX.) 22. I certify that (1)	medical examines) (Month) (Day) (Year) that (1) (this haspital) last saw the decease fram the causes stat	(Hour) 21E, Whill Work	INJURY OCCURRED At Not While At Work deceased fram (Ma) (did) (Man) v	21F. HOW DID INJ	IURY OCCUR?	City, give exect lacotion)
prior to deoth); ond (6) No physicsproval must be obtained before the	21 A. ACCIDEN OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (1/4) and haur and 23A. SIGNATUR ULZA 23C. PHYSICIAL NAME TY	medical examiner) (Month) (Day) (Year) that (1) (this haspital) last saw the decease fram the causes stat RE UMA N'S (rpe)	(Hour) 21E, While Work attended the dalive aned above. (I)	INJURY OCCURRED At Not While At Work deceased fram (Ma) (did) (Man) v	21F. HOW DID INJ 21F. H	NO (if In 8 oltimore URY OCCUR? 19 68 to 2 not in (my) (Sector) Stoff Phys. S HOSPITAL	City, give exact lacation) 19 19 11 12 13
ten approval must be obtained before the mapproval must be obtained before the mapped of the mapped	21 A. ACCIDEN OR CONTRIBU DEATH (notify 21 D. TIME OF INJURY (APPROX.) 22. I certify that (A) and haur and 23A. SIGNATUR 23A. SIGNATUR 23A. BURIAL CREA REMOVAL (S BURIAL CREA REMOVAL (S	medical examiner) (Month) (Doy) (Year) that (I) (this haspital) last saw the decease from the causes state RE WANTON, 24B. DATE pecify) 2/9/6 BY HEALTH DEPT.	(Hour) 21E, Whill Work attended the dalive an ed above. (1) SSON N 24C, NAI 8 L,01 258, NAME OF	INJURY OCCURRED At Not While At Work deceased fram Company Attended Att	21F. HOW DID INJ 22F. H	NO (if in 8 oltimore) URY OCCUR? 19 68 to 2 not in (my) (Micropin) Stoff Phys. S HOSPITAL OCATION (Cir. Baltimore)	City, give exoct lacotion) 19 19 23B. DATE FIGNED 23B. DATE FIGNED 27 45 65 65 75 75 76 87



written appraval deceased the body shaws: Was

VS 150-REV. 1/1/68

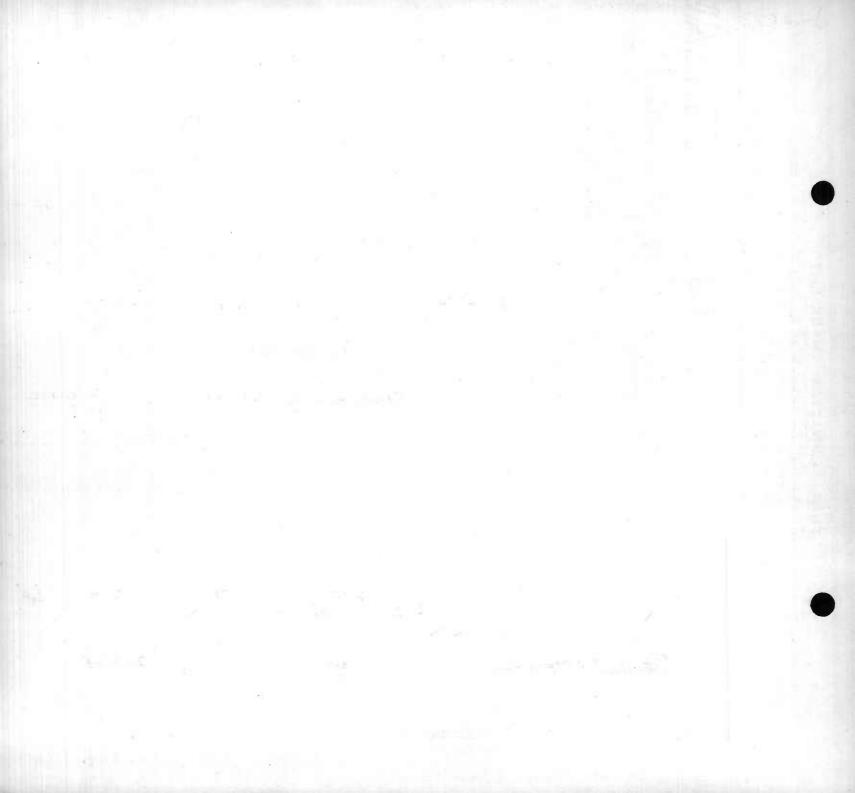
ADDRESS BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location) ...and that in(my) (our) apinlan/deoth occurred on the dote 23 B. DATE SIGNED (City, town, or county) Balto, .MD Arthur W. Fialkowski, 1000 S. Kenwood

NO

Hours

If Under 24 Hrs.

Bragett Beck may on

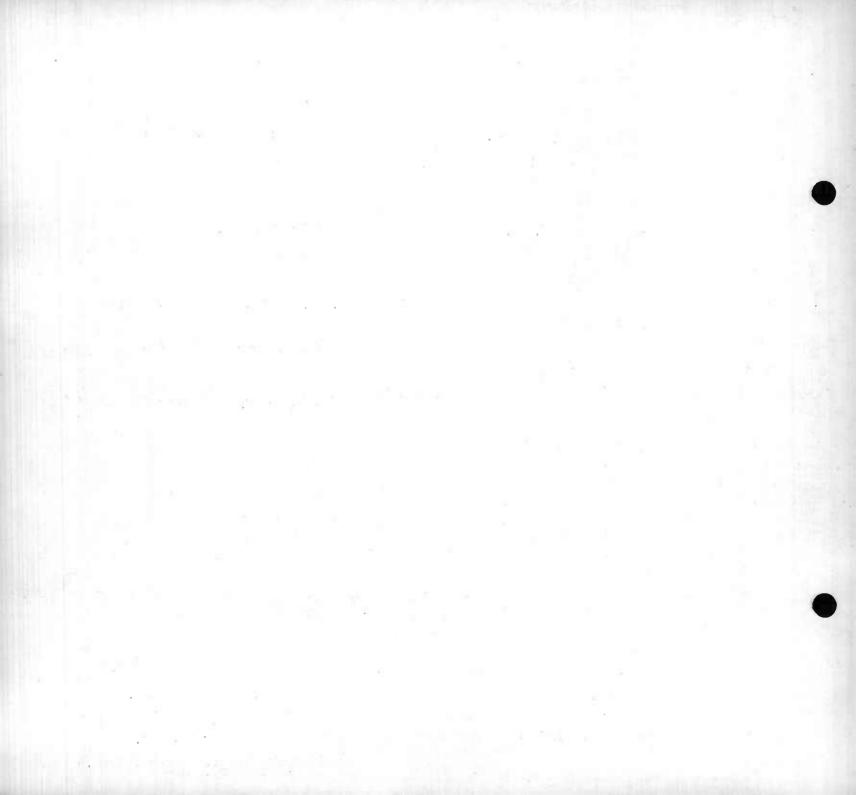


IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT



(City, town, or county) Baltimore, Md. Schimunek Funeral Home, Inc. 3331 Brehms Lane VS 150-REV. 1/1/68

If Under 24 Hrs.

Hours

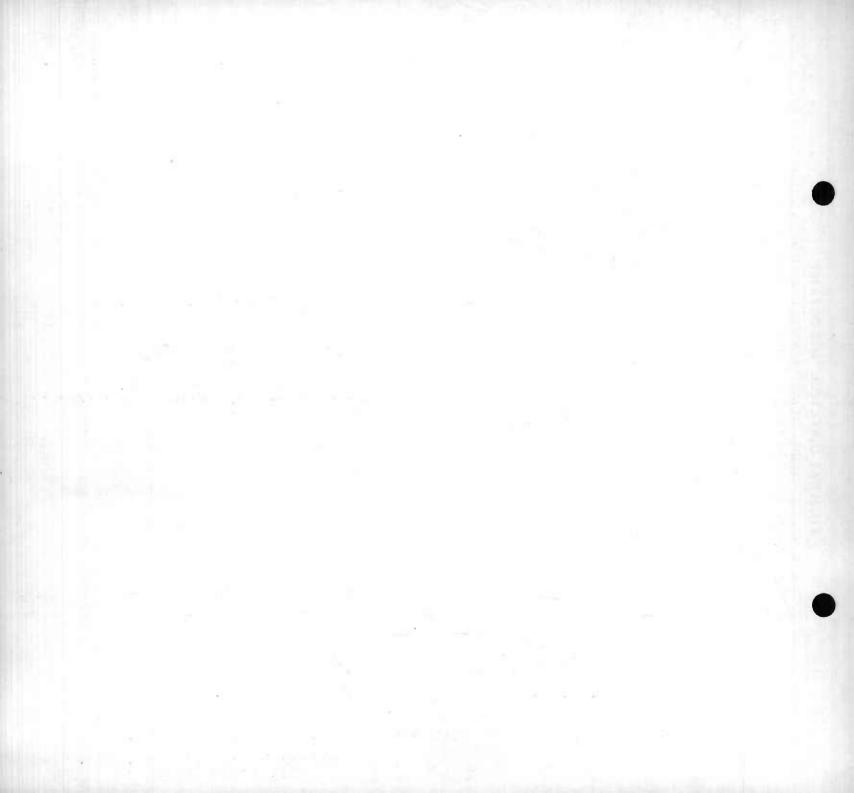
ADDRESS21213

BETWEEN ONSET AND DEATH

4034 LYNDHIE PRE F 14 6-2-03 64

Activities of 1997

		0	8- 15%	CEPTIEIC	ATE OF DEAT	TH REG. NO.	68- 1520
1. N	H NO.				2. DA	TE AND HOUR OF DEA	
Тур	e or Print)	MARY .	AGNES KI	LEINSMITH		ebruary 5,	
3. P	LACE IN BALT	MORE, MARYLAND,	, WHERE PRONO	UNCED DEAD		(Where deceased lived.	If institution: residence before a
FUL	LNAMEOF	(IF NOT IN HOS	SPITAL OR INSTIT	UTION, GIVE STREET		, 21213	
INS	SPITAL OR				C. CITY OR TOWN		INSIDE CITY LIMITS?
		3404 Par	kikawn A	ve.	Baltimo		YES NO NO
	00					rklawn Ave	
5. SE	EX	6. RACE	7. MARRIED	NEVER MARRIED		9. AGE (in years	If Under 1 Yr. If Under
f	emale	white	WIDOWED		_ 10 1/	398 lost birthdoy)	Months Doys Hours
10A.	USUAL OCCU	PATION (Give kind of	work 10B, KIND O		TRY 11. BIRTHPLACE (State	0,	12. CITIZEN OF WHAT C
		orking life, even if retire		Blackwell	Iowa		
	BOOKKEE	A	CHOSS &	Blackwell	14. MOTHER'S MAIDI	NNAME	
		st Klein	smith			et Peters	
S. V		Ever in U. S. Armed		1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes,	no or unknown)	(If yes, give wor or	dates of service)	SECURITY NO.		/ 1 1- *	
			21.	2-07-8628 CAUSE OF DE		Warehime, s	ister, above
	A DISEASES OF	NIECEDENT CAUS R CONDITIONS, above cause (CONDITION last.	SES if any, giving		bridge Ceroti AS A CONSEQUENCE OF	e Hypertenn	ive C. V. diseas
ATION	DISEASES OF THE CONTROL OF THE CONTR	NTECEDENT CAUS CONDITIONS, above cause (CONDITION last. I BUT NOT RELATED TO NOTION OF INDITION	SES if any, giving A) stoting the CONTRIBUTING O THE TERMINAL PART 1 (A).		Prioseleroli AS A CONSEQUENCE OF	Hyperteus	ere findings considered
ATION	DISEASES OI rise to the UNDERLYING 420.1 OTHER SIGNIFIE TO THE DEATH DISEASE OR CO	R CONDITIONS, above cause (. CONDITION last. I CANT CONDITIONS (B BUT NOT RELATED TO MODITION GIVEN IN OPERATION [198. C	SES if any, giving A) stoting the CONTRIBUTING O THE TERMINAL PART 1 (A).	(c)		s or No) 208. IF YES, W. IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
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CAL CERTIFICATION	DISEASES OF THE PROPERTY OF THE DEATH OF THE	NTECEDENT CAUS CONDITIONS, above cause (CONDITION last. I CANT CONDITIONS BUT NOT RELATED TO NOT	SES if any, giving A) stoting the CONTRIBUTING O THE TERMINAL PART 1 (A). CONDITION FOR PERFORMED G 211 hor etc	(C)WHICH OPERATION 3. PLACE OF INJURY (e. ne, form, foctory, steet	g., in or about 21 C. WHERE, office bldg., INJURY OCC		
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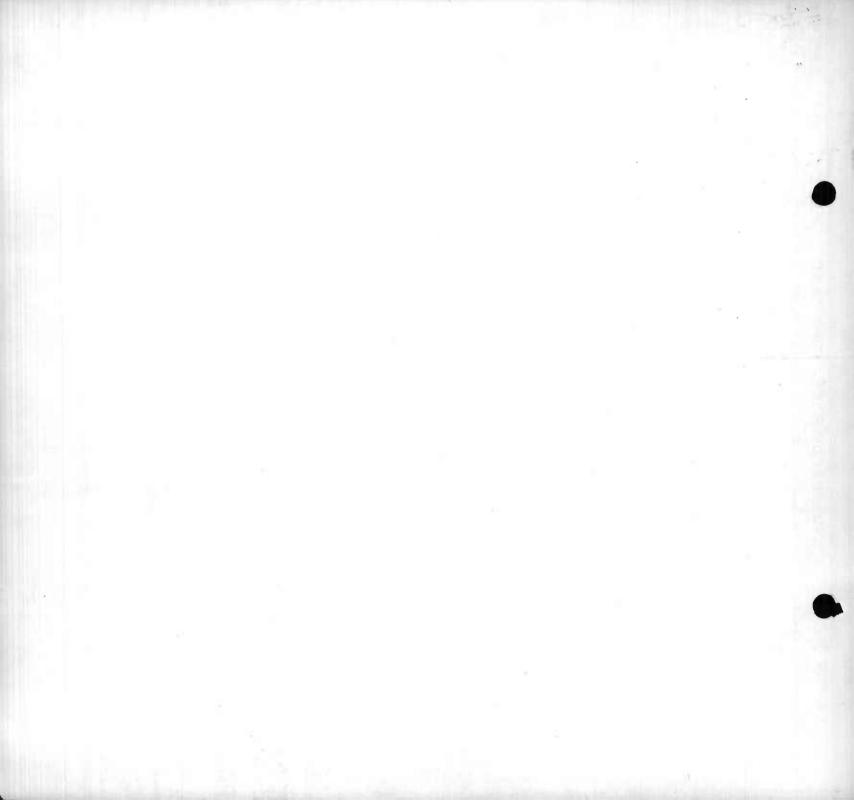


00 31	BALTIMORE CITY	HEALTH DEPARTMENT		68- 1521
3-626 68-18	CERTIFICA	TE OF DEATH	REG. NO	1.041
BIRTH NO.	PRANCES GREGE		ID HOUR OF DEATH	2 6 60
Type or Print)	reger		7:35 DEATH	not. 12-6-68
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. II	institution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INST	ITUTION, GIVE STREET	MARYLAND	1	
HOSPITAL OR BALTIMORE CITY HOSP	TALS	C. CITY OR TOWN	9.1N	SIDE CHALIMITS?
2 4940 EASTERN AVENUE	LIAMO	BALTIMORE		YES NO
BALTIMORE, MARYIA ND		439 N° LAKEWO	OD AVENUE	#21224
FEMALE WHITE WIDOWE	D NEVER MARRIED DIVORCED	3-4-1917	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)		11_BIRTHPLACE (State ar fare	eign country)	12. CITIZEN OF WHAT COUNT
	en's Tavern	MARYLAND MARYLAND		U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
JOHN HINES		JENN IE	(DECEASED)	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (II yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	RECORDS: 1940	MORE CITY H	OSPITATS DRESS .,BALTO.,MD.#21224
110	CAUSE OF DEATH		AND IDIGI AVE	APPROXIMATE INTERVAL
18	C. OL OF DEATH			BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		01 6		
(This does not meon the mode of dying, e.	(A) IMMEDIATE CAU	SEShock-1	ascular	,
heart failure, asthenia, etc. It means the diseas		A CONSEQUENCE OF:	colle	upse
injury ar camplication which caused death.)	probal	ble		
ANTECEDENT CAUSES	Co Co	am hac	Senais	
DISEASES OR CONDITIONS, if ony, givin	DUE TO, OR AS	A CONSEQUENCE OF		
rise to the obove couse (A) stating the	10 Uriv	avy trace	+ 100 F1	retion .
UNDERETING CONDITION Idsi.	(c)	4 me		· · · · · · · · · · · · · · · · · · ·
z 609x 11		,	1	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		2 STOH	CIFFLOS	15
DISEASE OR CONDITION GIVEN IN PART 1 (A).	WHICH OPERATION	20A. AUTOPSY? (Yes ar N	a) 208. IF YES WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	William G. ERAMON	YES		AUSES OF DEATH?
O 21A. ACCIDENT WAS UNDERLYING 2	B. PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID	(If in Boltim	are City, give exoct lacotian)
	ame, form, factary, street, af tc.)	fice bidg., INJURY OCCUR?		
21D.TIME (Month) (Doy) (Year) (Hour) 2	E. INJURY OCCURRED	21F. HOW DID IN	IURY OCCUR?	
	Vhile At Not While			
	Vork At Work		10	2-1-15
22. I certify that (1) (this hospital) attended	^		19 6 7 to	2-6-61-19
that (1) (we) last saw the deceased alive or	4-8	19 6 5 ond th	nat in (my) (aur) of	oinion death accurred on the d
and haur and from the sauses stated obave.	(1) (We) (did) (did nat) v	iew the body after death.		
23A. SIGNATURE	87/			23 B. DATE SIGNED
I HE BUS HINDER		ending Med. Director	Staff Phys.	7-6-68
23C. PHYSICIAN'S WARP TO TOTAL TOTAL	DEGREE Phys			Service Control of the Control of th
NAME (Type) MARK LOWMILLER	M.D.	23D. ADDRESS BALTIMORE	CITY HOSP	ITAIS
MAILE LOWMI	DEGREE	4940 EASTERN A	IVE., BALTO	.MD. #21224
REMOVAL (Specily)	NAME OF CEMETERY OF CRE	MATORY 24D. L	OCATION	City, lawn, or caunty) (Stote)
Burial 2/10/68	Sardens of Fa	ith Cem. B	altimore,	Md.
	OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
A 4000 A A	BE. Fallings	Schimunek	Funeral	Home, Inc.
EER 8 1968 12.	AT CITY COM	2601 E.	Madison	St.

VS 150-REV. 1/1/68

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BIRTH NO. 68- 1523 BALTIMORE CITY HEALTH DEPARTMENT Registered	No. 68- 1523
TOE CERTIFICATE OF DEATH	No. UO LUCO
M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DE	ATH
(Type or Print) CORNECIUS JACKSON 2/6/6	28 1 16
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased fived,	. If institution: residence before ad
FULL NAME OF (If not in hospital at institution, give street HOSPITAL OR address at lacotion) INSTITUTION (If not in hospital at institution, give street address at lacotion) C. CITY OR TOWN (If outside city limits, v	vrite DURAL and give township)
BALTI MORE	47-17
D. STREET ADDRESS Hydrol, give location	n)
JINA GOSPITAL OT DATMORE 2514 Ruscon	BE LANE
S. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under Months Days Hours
19 10 16	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Handyman Homes MARYLAND	05A
13. FATHER'S MAME	
Vieta parkeron neary Veners	
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS
Victor Jackson 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) 213-12-0868 Muptle Junkson . 2514	P. L. La
	DITTOUR TO
18. 25 0 9 1 CAUSE OF DEATH	ONSET AND DE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) DIABETES HELLITUS	
tinis daes not mean the made at dying, e.g., DUE TO	***************************************
heall failure, asthenia, etc. It means the disease, injury at camplication which caused death.)	
heal failule, ashlenia, etc. Il means the disease, injury at camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving	LBRO-
DISEASES OR CONDITIONS, if any, giving	
uise la lhe abave cause (A) slaling lhe (C) UNDERLYING CONDITION last.	/
Z C OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, W	PERE FINDINGS CONSIDERED
¥2	
OR CONTRIBUTING CALLER OF Land form feature street office bide INTURY OCCUR?	Itimore City, give exact location)
OEATH (notify medical examiner) etc.)	
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (ABBOX)	
(APPROX.) While At Work At Work	
22. I certify that (I) (this hospital) attended the deceosed fram 2 5 68 19 to	2/6 19
that (I) (we) last saw the deceased olive an 2/4/64 19 68 and that in (my) (aur	
and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the body after death.	
23A. SIGNATURE	23B. DATE SIGNED
A D Attending Med. Stoff	7/1/1
10 - GIV	2/0/68
NAME(Type)	21
JOSEVA GIMBLO	(City town of
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. YOCATION	(City, town, or county)
Bune 2/10/68 /sepulmon Cparks,	palle. Ce. nel
25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	1701 MADDRESS
EEB 8 1968 R. Dent E. January Um. U. Chandangi-	1001 11 is care
\$ 150-REV. 1/1/6\$	Bulle - un



VS 150-REV. 1/1/6B

USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission)
STATE
B. COUNTY If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? 929 N. Howard St. BETWEEN ONSET AND DEATH

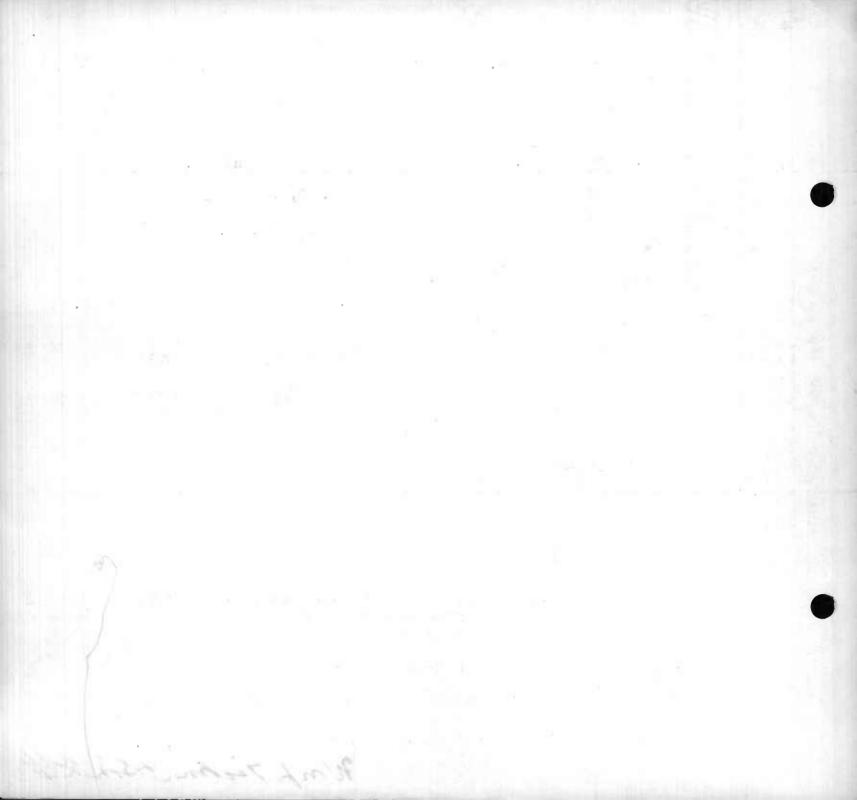
....and that in(my) (aur) aplnian death accurred an the date

ADDRESS

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9. the se all company

	00	a r	BALTIMORE CIT	Y HEALTH DEPARTMENT		68- 1525
BIRTH NO.	68	- 15	CERTIFICA	ATE OF DEATH	REG. NO	2020
I, NAME OF DEC	EASED			2. DATE AL	ND HOUR OF DEAT	Н
Type or Print)	Sarah	E.	Wickham		ary 4. 196	0
. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRON			ere deceased lived. If	institution: residence before admissi
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INST	TITUTION, GIVE STREET	Maryland c. CITY OR TOWN	0	2-110
NSTITUTION				Baltimor		VES NO NO
House :	in the Pines	- Belve	edere	E. STREET AND NUMBER	6	113 🔝
	. Belvedere A			3309 Woodl	and Ave.	
. SEX	6. RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Months Oays Hours Mir
Female	White	WIDOWE		Sept. 20, 1874	93	
	UPATION (Give kind of work working life, even if retired)	10B, KIND	of Business or Industr' Theater	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUN
Ticket S		Motio	on Picture	Baltimore,	Md.	
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN NA		
	Car	npbell				
5. Wos Deceosed	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
les, no or unknown	(If yes, give wor or dote	s of service	SECURITY NO.	Mr. Albert Bow	on 100 II.	
1B. / / / O			CAUSE OF DEA		en TSO H	awthorne Rd.
DISEASES (rise to the UNDERLYIN) A 20./ OTHER SIGNII	nplication which caused ANTECEDENT CAUSES OR CONDITIONS, it e above couse (A) G CONDITION lost.	any, givir stating 11	(c)	orclawtie Car S A CONSEQUENCE OF:	roles by	roule 10 year
DISEASE OR C	F OPERATION OF OPERATION 198. CON WAS PER	IDITION FO	***************************************	20 A. AUTOPSY? (Yes or N		E FINDINGS CONSIDERED CAUSES OF DEATH?
, OR CONTRIB	NT WAS UNDERLYING DELIVED CAUSE OF Medical examiner	h	1B. PLACE OF INJURY (e.g., ome, form, foctory, sheet, tc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltim	nore City, give exact location)
21 D. TIME OF INJURY	(Month) (Day) (Year)		1E. INJURY OCCURRED While At Not Wh	21F. HOW DID IN.	IURY OCCUR?	
(APPROX.)			Work At Work		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
22. I certify	that (I) (this haspita	l) attended		hogombu	19 67 to 16	bearn 4 19 66
that (I) (we	last saw the decease	ed alive ar	terriali	14 1968 and th	nat in(my) (aur) a	pinian death accurred on the
and have an	d from the causes sta	ted above.	(l) (We) (did) (did nat)	view the body after death.		
23A. SIGNATI	ORE .	,	01/10	/		23B, DATE SIGNED
00	al (1)	con	OEGREE AH	ys. Med. Director	Staff Phys.	
23 C. PHYSICIA	ANS (ype) PECIC	Rux	NEM	23D. ADDRESS	ISTEKS	Tours Kons
4A. BURIAL CRE		24C.	NAME of CEMETERY OF CI	REMATORY 24D. I	OCATION	(City, town, or county) (Stat
Burial	Specify) 2/7/68					
	BY HEALTH DEPT.		Druid Ridge Ce	25C. FUNERAL DIRECTO	ikesville,	Md.
EEB	8 1968 (7.	2 8	Farluma	Wml. 7	ickny	+Sono Kirth
'S 150-REV. 1/1/	68					



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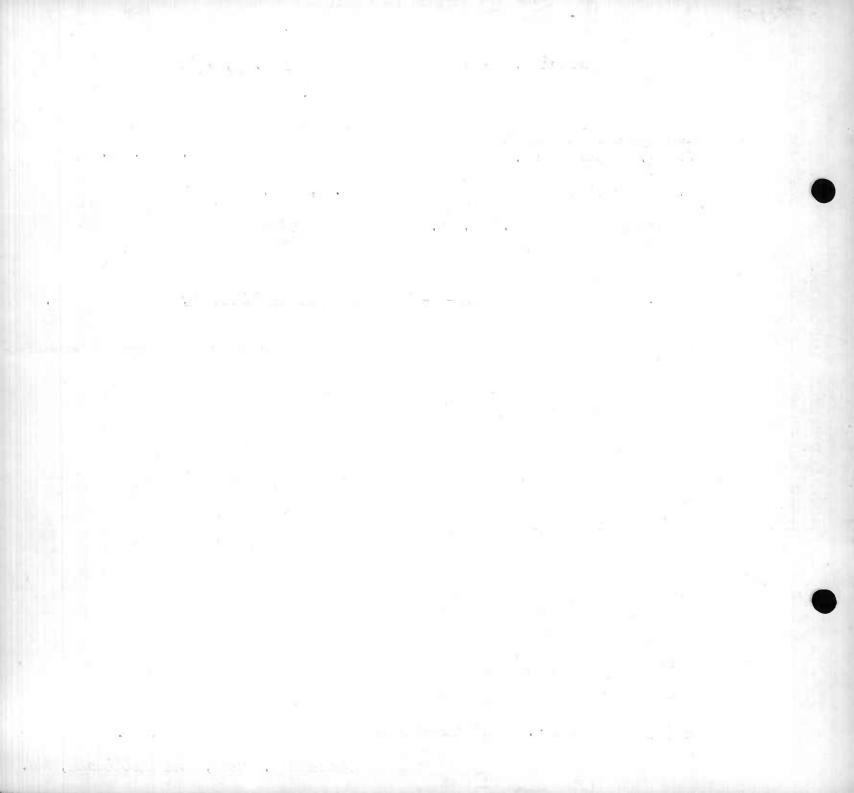
DANSIDE CITY LIMITS? NO If Under 1 Yr. If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A ADDRESS Mallview Road BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location) ...and that in(my) (aby) apinion death accurred an the date (City, town, or county) Maryland VS 150-REV. 1/1/68

a firmaly attended 2/6/51 Millerto E Georgia agas Mar Gardina Millert Later FUNERAL DIRECTOR: IMPORTANT

BIRTH N		8- 15	27 CEDILLICA	TE OF DEATH	REG. NO.	68- 1527
	O. OF DECEASED		CERTIFICA	TE OF DEATH	ND HOUR OF DEATH	
Type or		W. So	nn	706.	5. 1968	1 8.40 P.
3. PLACI	E IN BALTIMORE, MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Wh A. STATE B. COU	ere deceased lived MA	stitution: residence before admissi
FULL NA	AME OF (IF NOT IN HOSP	TAL OR INSTIT	UTION, GIVE STREET	Md.	4	-04
HOSPITA	AL OR ADDRESS OR LO	CAIION		C. CITY OR TOWN Baltimore	D. INS	IDE CITY LIMITS?
OLO	ng Green Nurs	ing Hom	e	E. STREET AND NUMBER		YES X NO
11	5 E. Melrose +	Ive.			532 E. 2	7th. St.
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy) 85	Months Doys Hours Min
mal		WIDOWED		Feb. 3, 1883.		The City of Market County
done durin	AL OCCUPATION (Give kind of wind most of working life, even if retired	}				12. CITIZEN OF WHAT COUN
	Retired ER'S NAME	G. &c	E. Co.	Maryland 14. MOTHER'S MAIDEN NA		USA
J. FAIR	Reuber	Sapp		14. MOINER'S MAIDEN NA	Unknow	n
S, Was I	Deceased Ever in U. S. Armed F		1 6. SOCIAL	17. INFORMANT	3.43.14.3/11	ADDRESS
Yes, no or	runknown) (If yes, give wor or do		SECURITY NO. 220-44-0500		Villiams, 36	07 Bayonne Ave.
1B.	11/211		CAUSE OF DEAT			APPROXIMATE INTERVA
OTHE TO	EASES OR CONDITIONS, if Io the obove couse (ADERLYING CONDITION Iost. G 3 × ER SIGNIFICANT CONDITIONS CONTINUED TO THE LATER OF ASE OR CONDITION GIVEN IN POTATE OF OPERATION 198. CC	ONTRIBUTING THE TERMINAL ART 1 (A).	(C)	20 A. AUTOPSY? (Yes or N	O 20B. IF YES, WERE	FINDINGS CONSIDERED
ER O	nous-	ERFORMED		NO	IN CERTIFFING CA	COSES OF DEATH?
ORC	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF TH (notify medical examiner)	hor etc	ne, lorm, foctory, street, o	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If In Boltimo	re City, give exact location)
S OF I	TIME (Month) (Doy) (Yeo NJURY PROX.)		ile At Not Whi		JURY OCCUR?	
22 1	l certify that (1) (this haspit	al) attended	he deceased from	Dec. Z	1967 to S	cl. 5, 196
		sed alive an.	Sel. 5	19.68 and t	hat in(my) (our) op	inles death occurred as the
	(1) (we) last saw the decea					illian decili occorrea dii file i
that	haur and fram the causes st		1) (We) (did) (dld nat)	view the bady after death	•	
and 23A.	haur and fram the causes st	toted abave. (,	Staff Phys.	23B. DATE SIGNED
and 23A.	haur and from the causes standarde SIGNATURE FLECTION OF PHYSICIAN'S NAME (Type)	oted above. (M.O. DEGREE AMP	ending Med. Director	Staff Phys.	23 B, DATE SIGNED

VS 150-REV. 1/1/68

Leonard J. Ruck, Inc Baltimore, Md.



VS 150-REV. 1/1/68

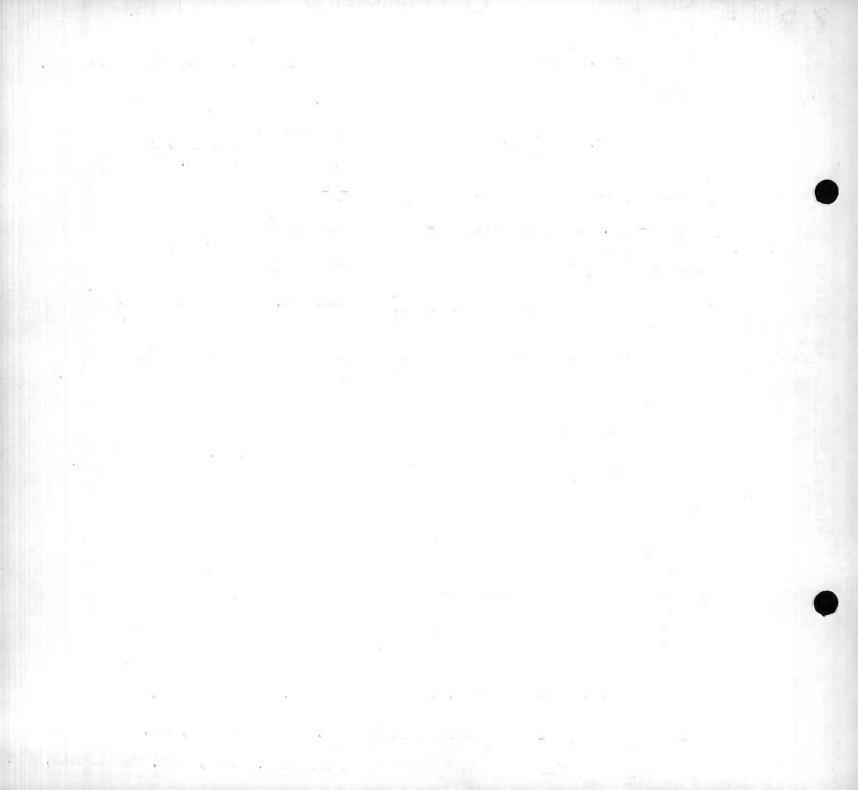
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68-	1528
00	TOMO

BALTIMORE CITY HEALTH DEPARTMENT

00- TOK8

BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	
1, NAME OF DECEASED			D HOUR OF DEATH	
(Type or Print) Regina C. Kellogg 3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOLINCED DEAD	14. USUAL RESIDENCE (Where	uary 6, 1968 of deceased lived. If institutions	1.00 P. M.
		A, STATE B. COUN'	TY	
FULL NAME OF HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	c. CITY OR TOWN	D. INSIDE CITY	
90 Harford Gardens Nurs	ing Home	Baltimore E. STREET AND NUMBER /	ormerly of:	y/o 🗆
S. SEX 6. RACE 7. MARI	RIED NEVER MARRIED			der 1 Yr. , If Under 24 Hrs.
	WED DIVORCED	12-3-1904	63	s Days Hours Min.
MA. USUAL OCCUPATION (Give kind of work 108. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTAPLACE (State or foreign	gn country) 12. CI	TIZEN OF WHAT COUNTRY?
	Worsted; Tex	Maryland		ISA
13. FATHER'S NAME	the second	14. MOTHER'S MAIDEN NAM	· -	
Charles Spengler		Johanna Etz	el	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no	215075155	William H. K.	ellogg 8220 E	Burnley Road
18. / 2 / 9	CAUSE OF DEAT		7.5	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		0.1	1	/ /
LEADING TO DEATH (This does not meen the mode of dying,	(A) IMMEDIATE CAL		war accept	6 Hours
heart failure, asthenia, etc. it means the disc		A CONSEQUENCE OF:		
injury ar complication which caused death,)		atheroscleros	2. 4	Mo
ANTECEDENT CAUSES	vina DUE TO, OR AS			pars
DISEASES OR CONDITIONS, if any, gi		A CONSEQUENCE OF:		1
UNDERLYING CONDITION last.	(c)			•
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL TO T		ent preum	onita	8 days
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	GS CONSIDERED F DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID INJURY OCCUR?	(If in Baltimore City, g	ive exact location)
21D. TIME (Month) (Doy) (Year) (Hour) (A PPROX.)	21E. INJURY OCCURRED While At Not While Work Not Work	21F. HOW DID INJU	JRY OCCUR?	
22. I certify that (I) (this hospital) attend		F #	956 to 7	Par 400 10 (P
that (1) (we) lost saw the deceased alive	-4 B	5 11	ot in(my) (our) opinion de	ethocourred on the date
and hour and from the causes stated above	ve. (1) (We) (did) (did not) v	lew the body ofter deoth.		
23A. SIGNATURE W Palmise	MO MI BEGREE Phy	s. Director	Shaff Phys.	2/7/68
J.F. Palmisa	no, M.D.	23D. ADDRESS 6608 Loch F	Raven Blvd. 2	1212
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CR			, or county) (State)
Burial 2/9/68	Dulaney Valle	ey Cem. Bas	ltimore, Md.	
25A. DATE REC'D BY HEALTH DEPT. 25B. NA.	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	Ruch anc. B	altimore. Md



VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

NO 2

Hours

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

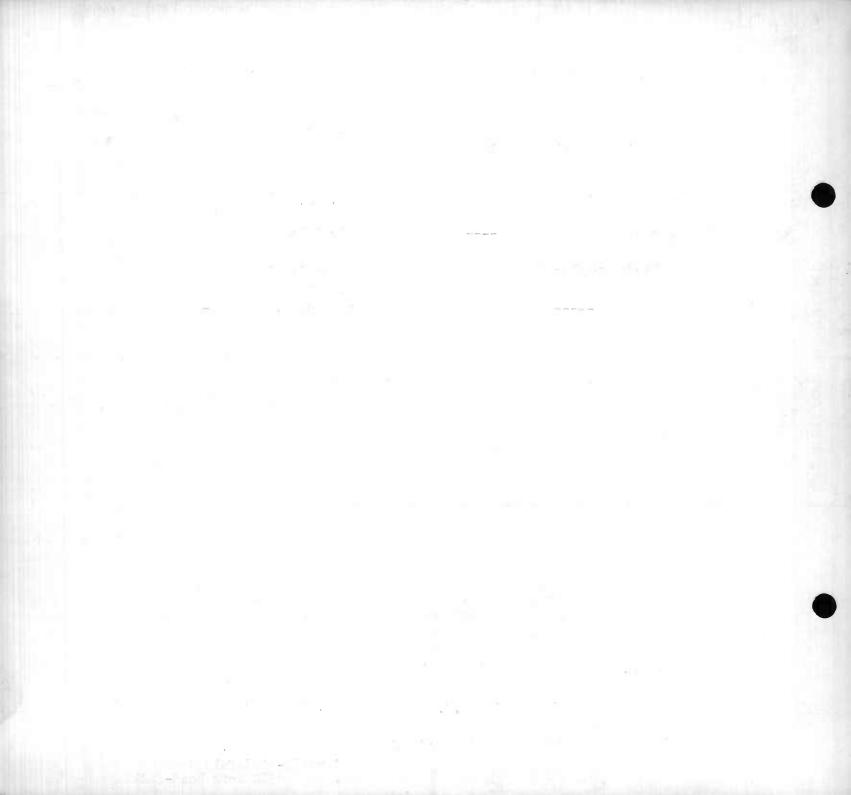
If Under 24 Hrs. Hours : Min.

mD

эливингандажэнэгэ. Contract when ideals bloody a war # ou Es) 1/01 1001 -JUNIO STREET HD. IMPORTANT

FUNERAL DIRECTOR:

	H NO.			CERTIFICA	2. DATE	ND HOUR OF DEAT	Н	
	e or Print)		. Alger			lst. 1968		
3. PI	LACE IN BALT	IMORE MARYLAND, W		UNCED DEAD	4. USUAL RESIDENCE (WI	nere deceased lived, If	institution: residence	e before ac
					A. STATE B. COL	INTY		6
HOS	L NAME OF	ADDRESS OR LOCA	AL OR INSTITU ATION)	JTION, GIVE STREET	Maryland c. CITY OR TOWN	7	ISIDE CITY LIMITS?	2
IN ST	NOITUTION				Baltimore	13	YES X	NO
11	/ 2/ 115	nion Memorial	Hoentt	٥٦	E. STREET AND NUMBER		11045	
7	7 01	ITOII Nemortar	nosper	a	3911 Fleetwo	od Avenue		
S. SE	X	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. Months! Doys	If Under
F	emale	White	WIDOWED [Oct. 31.1901	66		
10A.	USUAL OCCL	PATION (Give kind of work	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stofe or fo	reign country)	12. CITIZEN O	F WHAT C
	Homemake	vorking tife, even if retired)			Virginia		USA	
	ATHER'S NAM				14. MOTHER'S MAIDEN N	AME	UJA	
	07.5	de Deserte			T 190			
15 V	Vas Deceased	ide Broyles Ever in U. S. Armed For	cos?	1 6. SOCIAL	Lauria Hig	gs	ADD	RESS
Yes,	no or unknown)	Iff yes, give wor or dote	es of service)	SECURITY NO.				
_	no			CAUSE OF DEAT	Mrs Joan M. E	urdell-9501		Venue
	heart failure, injury or com DISEASES Crise to the	of meon the mode of osthenio, etc. It meons plicotion which coused ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) is CONDITION lost.	the disease, death.)	(B) aut	LUSTLUTE LES A CONSEQUENCE OF:	- CV	0 3	nı
TION	DISEASES Of the UNDERLYING	osthenio, etc. It meons plication which coused ANTECEDENT CAUSES OR CONDITIONS, if a obove couse (A) CONDITION lost.	ony, giving sloting the	(B) OUL TO, OR AS	lupilente	- CV	0 3	'M
RTIFICATION	DISEASES Of the UNDERLYING	osthenio, etc. It meons plicotion which coused ANTECEDENT CAUSES OR CONDITIONS, if a obove couse (A) is CONDITION lost. IL CANT CONDITIONS CO H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR	ony, giving sloting the TERMINAL IT (A).	(B) OUL TO, OR AS	lupilente	No) 20B. IF YES, WER	RE FINDINGS CONCAUSES OF DEATH	ML,
L CERTIFICATION	DISEASES OF THE DEAT OF CONTRIBU	osthenio, etc. It meons plication which coused ANTECEDENT CAUSES OR CONDITIONS, if a obove couse (A) CONDITION lost.	ony, giving stoting the terminal till (A).	(B) DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, c.g., form, focto	lusseleste à consequence of:		RE FINDINGS CONCAUSES OF DEATH	
CAL CERTIFICATION	DISEASES OF THE DEAT OF CONTRIBU	osthenio, etc. It meons plication which coused ANTECEDENT CAUSES OR CONDITIONS, if a obove couse (A) CONDITION lost.	ony, giving stoting the MTRIBUTING HE TERMINAL IT I (A). IDITION FOR VER TO THE STORMED	(C)WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, c.).	20 A. AUTOPSY? (Yes or in or obout 21 C. WHERE DID office bidg., INJURY OCCUR?	(tf in Boltin		
MEDICAL CERTIFICATION	DISEASES OF CONTRIBUTION OF CO	osthenio, etc. It meons plicotion which coused ANTECEDENT CAUSES OR CONDITIONS, if obove couse (A) CONDITION lost. IL CANTCONDITIONS COMBUT NOT RELATED TO TO TONDITION GIVEN IN PAR OPERATION 19B. CONWAS PER TWAS UNDERLYING THING CAUSE OF medical examiner)	ony, giving stoting the disease, death.) ony, giving stoting the distribution of the terminal transfer of the	(C)WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, c.). INJURY OCCURRED ite At Not Whi	20 A. AUTOPSY? (Yes or in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(tf in Boltin		
MEDICAL CERTIFICATION	DISEASES OF CONTRIBUTION OF INJURY OF INJURY OF INJURY (APPROX.)	osthenio, etc. It meons plication which coused ANTECEDENT CAUSES OR CONDITIONS, if obove couse (A) CONDITION lost. IL CANTONDITIONS CO H BUT NOT RELATED TO TO TONDITION GIVEN IN PAR OPERATION 19B. CON WAS PER IT WAS UNDERLYING THING CAUSE OF medical examiner) (Month) (Day) (Year)	ony, giving stoting the MIRIBUTING HE TERMINAL IT I (A). IDITION FOR VERNER (Hour) 21E. Wh. Wo	(C)WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, c.). INJURY OCCURRED ite At Not Whi	20 A. AUTOPSY? (Yes or in or obout 21 C. WHERE DID office bidg., INJURY OCCUR?	(tf in Boltin		t locotion)
MEDICAL CERTIFICATION	DISEASES OF THE PROPERTY OF THE DEATH (notify (APPROX.)	osthenio, etc. It meons plication which coused ANTECEDENT CAUSES OR CONDITIONS, if obove couse (A) CONDITION lost. IL CANTONDITIONS CO H BUT NOT RELATED TO TO TONDITION GIVEN IN PAR OPERATION 19B. CON WAS PER IT WAS UNDERLYING THING CAUSE OF medical examiner) (Month) (Day) (Year)	ony, giving stoting the Control of the Item In Control of I	(C)	20 A. AUTOPSY? (Yes or in or obout 21 C. WHERE DID office bidg., INJURY OCCUR?	(If in Boltin	fest 1	t locotion)
MEDICAL CERTIFICATION	DISEASES Crise to the UNDERLYING OTHER SIGNIF DISEASE OR COTHE DEAT DISEASE OR COTHE DEAT OR CONTRIBUTION (APPROX.) 21. 1 certify that (1) (we)	osthenio, etc. It meons plicotion which coused ANTECEDENT CAUSES OR CONDITIONS, if a obove couse (A) is CONDITION lost. ICANT CONDITIONS COMBUT NOT RELATED TO TONDITION GIVEN IN PAR OPERATION 198. CONWAS PER TWAS UNDERLYING CAUSE OF medicol exominer) (Month) (Day) (Yeor) that (1) (this haspital fast saw the decease	ony, giving stating the TERMINAL IT 1 (A). IDITION FOR V FORMED (Hour) 21E. Wh. Wh.	(C)	20 A. AUTOPSY? (Yes or in or obout 21 C. WHERE DID office bidg., INJURY OCCUR?	NJURY OCCUR?	fest 1	t locotion)
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MEDICAL CERTIFICATION	DISEASES OF THE PROPERTY OF THE PARTY OF THE DEAT OF THE DEAT OF THE DEAT OF THE PARTY OF THE PA	osthenio, etc. It meons plicotion which coused ANTECEDENT CAUSES OR CONDITIONS, if obove couse (A) to CONDITION lost. IL CANT CONDITIONS COMBIT ON THE CONDITION GIVEN IN PAR OPERATION 198. CON WAS PER OPERATION (Month) (Day) (Yeor) that (1) (this haspital last saw the decease of from the causes stars.	ony, giving stating the TERMINAL IT 1 (A). IDITION FOR V FORMED (Hour) 21E. Wh. Wh.	(C)WHICH OPERATION PLACE OF INJURY (e.g., ne., farm, foctory, street, of the street, of th	20 A. AUTOPSY? (Yes or in or obout 21 C. WHERE DID office bidg., INJURY OCCUR? 21 F. HOW DID II	NJURY OCCUR?	fest death acc	t locotion)
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MEDICAL CERTIFICATION	DISEASES OF THE PROPERTY OF THE DEATH (notify 21 D. TIME 22 D. TIME 2	osthenio, etc. It meons plicotion which coused ANTECEDENT CAUSES OR CONDITIONS, if obove couse (A) is CONDITION lost. IL CANT CONDITIONS COME BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 198. CON WAS PER IT WAS UNDERLYING CAUSE OF medicol exominer) (Month) (Day) (Yeor) that (1) (this haspital last saw the decease of from the causes stanked t	ony, giving stoting the ERMINAL IT I (A). (Hour) 21E. Wh. Wo. (Hour) 21E. Wh. Wo. (Hour) 21E. Wh. Wo. (Hour) 21E. Wh. Wo.	(C)WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, color, street, color, street, color,	20A. AUTOPSY? (Yes or in or obout 21C. WHERE DID office bldg INJURY OCCUR? 21F. HOW DID II 19	NJURY OCCUR? 19 5 to	fest death acc	19 curred an
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MEDICAL CERTIFICATION	DISEASES OF THE PROPERTY OF THE DEATH (notify 21 D. TIME 22 D. TIME 2	osthenio, etc. It meons plicotion which coused antecedent causes of antecedent causes of conditions, if obove couse (A) conditions coused to condition for the but not related to to condition given in part operation [198. con was per medicol exominer) (Month) (Day) (Yeor) that (1) (this haspital last saw the decease of from the causes stars are condition, 248. Date condition, 248. Da	ony, giving stoting the terminal to the terminal termin	(C)	20A. AUTOPSY? (Yes or in or obout 21C. WHERE DID office bldg INJURY OCCUR? 21F. HOW DID II 19	(If in Boltin NJURY OCCUR? 19 5 to that in (my) (aur) of the	Land Land Land Land Land Land Land Land	19 curred an

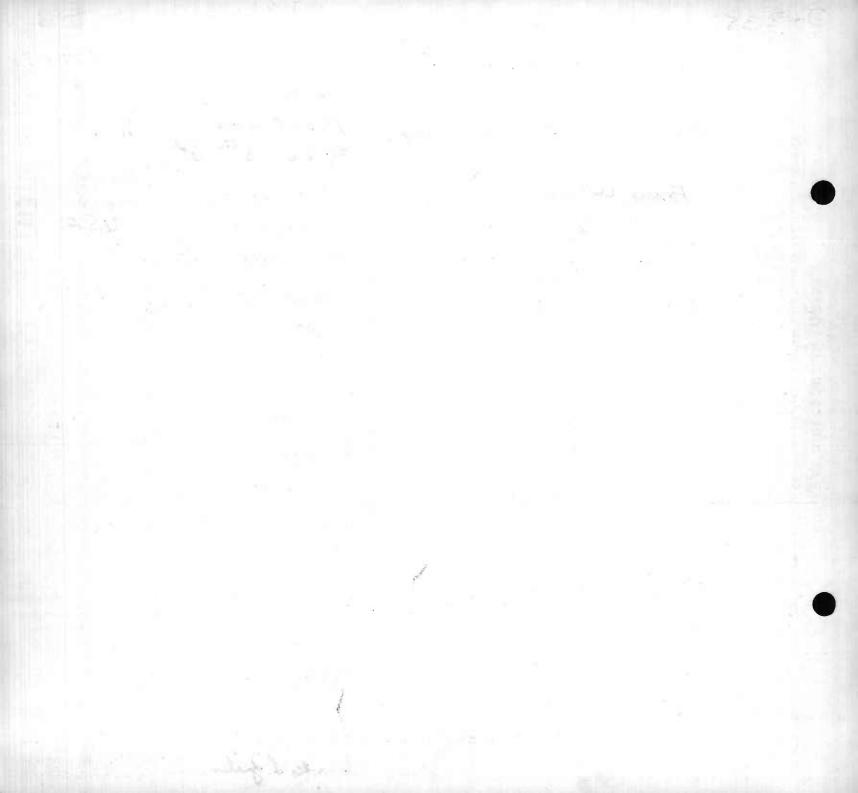


			りざー	1531	BALTIMORE CITY HE				00	2 m C 1	
			MED	ICAL	EXAMINER'S	CERTIFICAT	E OF	DEATH REG. NO	0.00	1531	
-	NAME OF DEC	FASED				2. DATE Kno	wn K	Manth Doy	Yeor	Hour	
(Ту	Pe or Print) HARO		P.		BIEHL, JR.	OF 5.4	mated 🗀			1:37	٨
4.				VHERE P	RONOUNCED DEAD	3. DATE	matea 🖸	February 2	Yeor	Haur	A .M.
FU	LL NAME OF SPITAL INSTITUTION				TITUTION, GIVE STREET	PRONOUNCED	F	ebruary 2,	1968	1:37	
	1					A. STATE		deceased lived. If institut B. COUNTY	ian: residence	before odmiss	ion)
			es Hos			Maryla			100	- American	N. C.
6.	SEX	7. RACE		B. MARI	RIED NEVER MARRIED	C. CITY OR TOWN		DISIDE			
L	Male	Whi		WIDOV		Balti			YES X	NO 🗆	
9.	DATE OF BIRTI	H	10. AGE (I last birthdo 18	n years	If Under 1 Yr. If Under 24 Hrs. Manths: Doys: Hours: Min.	5300 S		ans Way			
11.	BIRTHPLACE (S	tote or fore	ign country)		12. CITIZEN OF	13. FATHER'S NAM	ΛE				
	Richwood	d. W.	la.		WHAT COUNTRY?	Haro	ld P. I	Biehl			
144	.USUAL OCCU	PATION (G	ve kind of work	148. KINI	OF BUSINESS OR INDUSTRY	15. MOTHER'S MA	IDEN NAM	E		-	
uuii	Studer		ven memedy			Ethel H	Beard				
16.	WAS DECEAS	ED EVER IN	U.S. ARMEI	FORCE	S? 17. SOCIAL SECURITY NO.	18. INFORMANT			ADDRESS		
116	s, na ar unknawnj	(ii yes, give	war ar dates	di service	SECORITY NO.	Harold P.	Biehl	Srr. 5300 S	t. Alba	ans Wav	
	19.	13 /			CAUSE OF DEA				A	PPROXIMATE INT	TERVAL
Н		F OR CON	DITION DIRE	CTLY					DE!	MEETA ONSET AIN	DEATH
		LEADING T		CILI	Multi (A)IMMEDIATE (ple Injurie	es				
	(This does n	of mean the	mode of dy	ing, e.g.,		AS A CONSEQUENCE	OF:				
	injury ar can	plication wh	ich caused de	ath.)					100		
	Δ1	NTECEDEN	CAUSES		(0)						
	DISEASES	OR CONDIT	IONS, IF AN	Y, GIVING		AS A CONSEQUENCE	E OF:	nn dar dar der met der der der der met der der met men men met der delt der der der met met der	***		. to-drawn to m m m *
	UNDERLYIN		AUSE (A) STA TION LAST.	TING THE							
o					(C)						
CERTIFICATION		IFICANT CO	II ONDITIONS C OT RELATED TO								
E	DISEASE OR	CONDITIO	GIVEN IN P	ART 1 (A)	a siderate (CO CO C						
CER	20A. DATE OF	- OPERATIC	N 208. CO	NDITION	FOR WHICH OPERATION WA	AS PERFORMED			21. AUTO	YES	No)
₹		NAL CAUSI			22B.PLACE OF INJURY (e.g., home, form, foctory, street, offic	in or about 22C. Wh	HERE DID (f in Boltimore City, give e	exact location)	53	00
Ē	UNDERLYING UTING CA				street	Rt	to 29 s	at Rte. 40	COVE	ernace)	
			(Day) (Yeo	r) (Hou	r) 22E.INJURY OCCURRED	22F. HO	W DID INJ	URY OCCUR? Oper	ator o	f car s	truc
П	(APPROX.)	1/28/	68 12	:55 A	WHILE AT NOT AT W	WHILE A he	ead-on	by another	car		01 00
	23.	ify that I	held an 1	r				Is basis, death in m			
			Natural cau		Accident X Suicio			Indetermined manner			
П	16301	ed itoli.	indibidi cac		Accident		MEDICAL EX				
	ACTUAL	IIM	0 110 0	15	7	ASSISTANT				DATE SIGN	ED
и	SIGNATI	1,000	TILL	D.	M.D	•				2/2/68	
	EXAMIN NAME (1		Wern	er U.	Spitz, M.D.	ASSOCIATE I	MEDICAL EX	CAMINER []	-	2/2/00	
	A. BURIAL CRE	MATION,	24B. DATE	-	24C. NAME of CEMETERY	or CREMATORY	24D. L	OCATION (City, to	iwn, or caunty	(State	e)
RE	MOVAL (Speci		2/5/1	068	Dulaney Valle	w Momental	C	ockrysville.		Md.	
25	Buria]		1 - 1	-	IAME OF REGISTRAR	25C. FUNERA			ADDRESS	riu.	
23	A. DATE REC D	FEB 8			2 L. E. Farbura	200 1 2 2 2	ll-Wie	defeld Home 500 York Rd.	ADDRESS		

-ysville,

-Wiedefeld W-

	00 4	E O O BALTIMORE CITT	HEALTH DEPARTMENT		60- 4500
	68- 1	532 CERTIFICA	TE OF DEATH	REG. NO.	00- 1032
	TH NO. AME OF DECEASED			HOUR, OF DEATH	
	e or Print) MARYL, C	GDEN	Feb	- # 1968	2:00 A.M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	decaased lived, if institu	tion: residence before admission)
	LL NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	md.	The state of the s	7-04
HC IN:	SPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN		CITY LIMITS?
6	hurch Home	4 Hosp.	Backen	YE YE	s X NO
13	5	10.	E. STREET AND NUMBER	the CA	
			29260	0 - 1,	
5. \$	MARK	IED NEVER MARRIED		. AGE (In years If	Under 1 Yr. If Under 24 Hrs. anths Doys Hours Min.
154	USUAL OCCUPATION (Give kind of work 10B, KINI		pec 1, 1746	2/	CITATIN OF WILLY COUNTY
	b during mast of warking life, even if retired)	OF BOSINESS OK INDUSIKI	11. BIRTHPLACE (State or foreig		2. CITIZEN OF WHAT COUNTRY?
		T HOME	BALTIMORE	MD.	U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM		DA
	John Preside	lei	Evelyn	ne Bear	
15. Yes	Was Diceased Ever in U. S. Armed Farces? .na or unknawn) (If yas, give war ar datas af servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	72116	ADDRESS
	NO	SECONIII IIO	NIJAMES OG	DEN BAILO	DNLEY SI-
	18. 4 8 A X	CAUSE OF DEATH	1	BALIO	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	acu	le Glomer	uloneplin	BETWEEN ONSET AND DEATH
+	LEADING TO DEATH	(A)IMMEDIATE CAU			
	(This does not meon the mode of dying, heort foilure, osthenio, etc. It meons the dise	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	cremin;	<u></u>
	injury or complication which coused deoth.)	0	7/	- TT .	
	ANTECEDENT CAUSES	(B)	gestine H	and fact	ine
	DISEASES OR CONDITIONS, if any, gi	ing DUE TO, OR AS	A CONSEQUENCE OF:		
	rise to the obove cause (A) stoling UNDERLYING CONDITION lost.	(C)			
	590 X 11	(-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Z O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI				
ATI	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	IAL			
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yas at No)	10 B. IF YES, WERE FINE	DINGS CONSIDERED S OF DEATH?
	0	loss at the annual of	1 1016 11110	(f	
AL C	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical axominat)	21B. PLACE OF INJURY (e.g., in homa, form, factory, street, af etc.)	fice bidg., INJURY OCCUR?	(It in Boltimora Ci	ty, give exact location)
DIC	21 D. TIME (Manth) (Day) (Year) (Haur)	21E. INJURY OCCURRED	21F. HOW DID INJU	PY OCCUP?	
ME	OF INJURY	While At Not While		RI OCCOR:	
	(APPROX.)	Work At Work			
	22. I certify that (I) (this haspital) attend	- 1		68 to Feb	- 4 19 Co.8.
	that (1) (we) last saw the deceased alive	on tek 4	19 Coff and tha	t in(my) (aur) opinio	n death occurred on the date
	and haur and fram the causes stated abav	e. (1) (We) (did) (did nat) v	iew the bady ofter death.		
	23A. SIGN AT URE			2	B. DATE SIGNED
	A.a. Balla	DEGREE Phys	nding Med. Director F	Staff Phys.	214/68
	23C-PHYSICIAN'S NAME (Typo)		23D. ADDRESS		7 77 - 4
	FRANCISCO BAL	TAZAR IRA	0		
24A	BURIAL CREMATION, 248. DATE 24	C. NAME of CEMETERY or CRE	MATORY 24D. LO	CATION (City, 1	awn, or caunty) (State)
	BURIAL 2-7 -68	Clarito Hills	ANN. CARE TO TILL	TALL ADELLA	DO ROC. UN
254	DORTHE BY HEALTH DEPT. 258, NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	TOLD OKEMS	ADDRESS .
	1000	L. E. Fallema	De 1 10,	180 6224 E	ASTERN AVE.
Vs	150-REV. 1/1/6B	A CA MONTHING	Lavarda D.	134170	1, d 1 d d d 4, 97 b 1
+ 20					



HEALTH DEPT.

VS 150-REV. 1/1/68

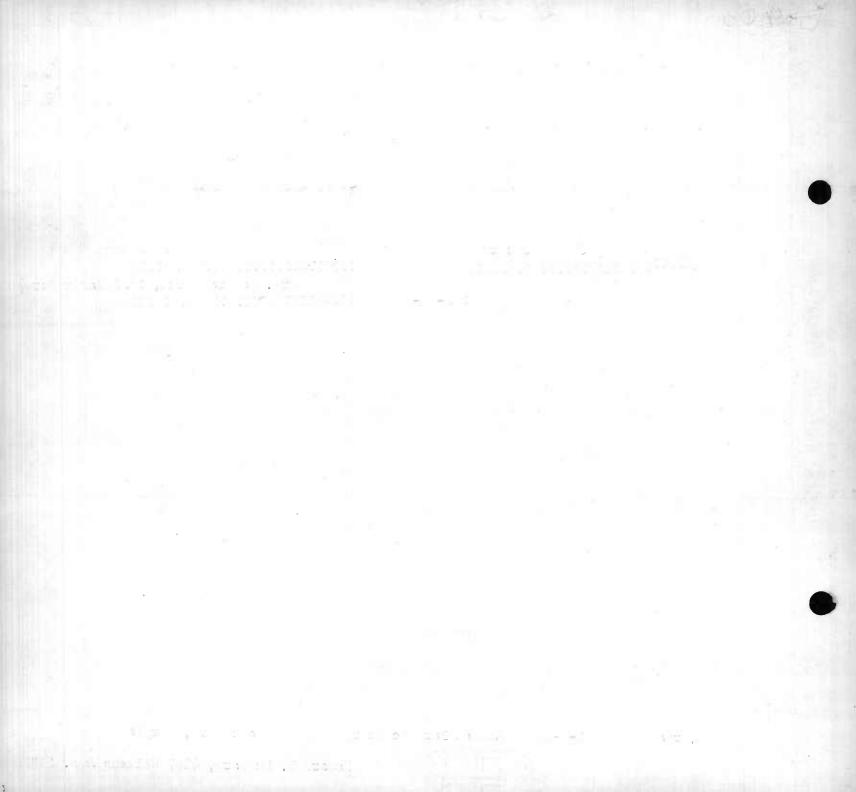
(5) Deceased

of death

		68 4	533 BALTIMORE CITY	HEALTH DEPARTMENT	69_ 4599
		00 1	CERTIFICA	TE OF DEATH REG. NO	68- 1533
		TH NO.	CENTITICA		
		AME OF DECEASED		2. DATE AND HOUR OF DEATH	
		BRALL, MARY	K	214168 -	8:20 M.
	3. P	LACE IN BALTIMORE MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If in A. STATE B. COUNTY	stitution: residence before admission)
	FILL	L NAME OF (IF NOT IN HOSPITAL OR INS	TITUTION CIVE STREET	MARGIAND BALTO CIT	
	HO	SPITAL OR ADDRESS OR LOCATION)			DE CHY MAITS?
	1	NIVERSITY OF MARY	LAND HOSP, TAL	BALT imine	YES NO
	2	Q		E. STREET AND NUMBER	7
)	0		26+3 HAFERST.	
3	5. S	EX 6. RACE 7. AN APPL	ED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	ī	1. 11. 1 To 1		3/26/16 lost birthdoy)	Months Doys Hours Min.
2		USUAL OCCUPATION (Give kind of work 10B, KIND	y		12. CITIZEN OF WHAT COUNTRY?
		during most of working life, even if retired)	OF B03114E33 OK 114D031KI	The Bikini CA CE (Stole of lotely)	
2	4	louse WIFF		MARYLAND	UniTell STATES
3	13. F	FATHER'S NAME John Peter	·c	14. MOTHER'S MAIDEN NAME Anna	Shutte
1	5			xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	
5	15. V	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	1 6. SOCIAL	,	
3	(Yes	Nos Deceased Ever in U. S. Armed Forces? ,no or unknown! (If yes, give wor or dotes of service		17. INFORMANT Mrs. Sandra Kurtz	
	1	NO -	215-16-1840	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXX-
		18. / 6 / 9	CAUSE OF DEAT	Н	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
,		DISEASE OR CONDITION DIRECTLY			
9		LEADING TO DEATH	(A)IMMEDIATE CAU	ISE DRH OR ATION + MAL NOUTI	E. Tion 2 Man 7 HS
		(This does not mean the mode of dying, a heart failure, asthenia, etc. 11 means the disea	DUE TO, OR AS	A CONSEQUENCE OF:	
3		injury or complication which coused death.)	,30,		
		ANTECEDENT CAUSES	CARC	iNOMA OF THE LARGOX	
D		DISEASES OR CONDITIONS, if ony, giv	DUE TO, OR AS	INOMA OF THE LARYWX	
5		rise to the obove couse (A) stoting			
2		UNDERLYING CONDITION Iosi.	(c)		
3	-	/6/X . II			
5	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE TERMIN			
6		DISEASE OR CONDITION GIVEN IN PART 1 (A).		TAB	
	CERTIFIC	WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
D	ERT	JAN 1961 C4 L	ARYNX	NO	
0	0	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i	n or about 21C. WHERE DID (If In Boltimor	e City, give exact location)
9	A	DEATH (notify medical examiner)	etc.)		
0	ā	21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
2		OF INJURY (APPROX.)	While At Not While	e 🗍	
5			Work At Work		7
0		22. I certify that (I) (this hospital) attende	ed the deceased from	14 N 1 19 6 6 10	Pre sent 19
9		that (I) (we) lost saw the deceosed alive o	on 2 / 4	19_5and that in(my) (our) opi	nian death occurred on the dote
-		and hour and from the couses stated above	e. (I) (We) (did) (did not) v	riew the body ofter deoth.	
ŝ		23A. SIGNATURE			23B. DATE SIGNED
2		MITTO L.	Ain A Atte	ending Med. Staff Phys.	2/4/68
5		23C. PHYSICIAN'S	OEGREE Phy	s. Director Phys. 23D. ADDRESS	, , , , ,
9		NAME (Type)		4-	· -
approvai mus		BRENI C. JANDE	ERS WINDEGREE	Red wood of gree	1 , 51 ,
5	24A	BURIAL CREMATION, 24B. DATE 24C REMOVAL (Specify)	NAME of CEMETERY OF CR		ity, town, or county) (State)
5)	1		oudon Park Cemet	ery Baltimore, Ma	ryland

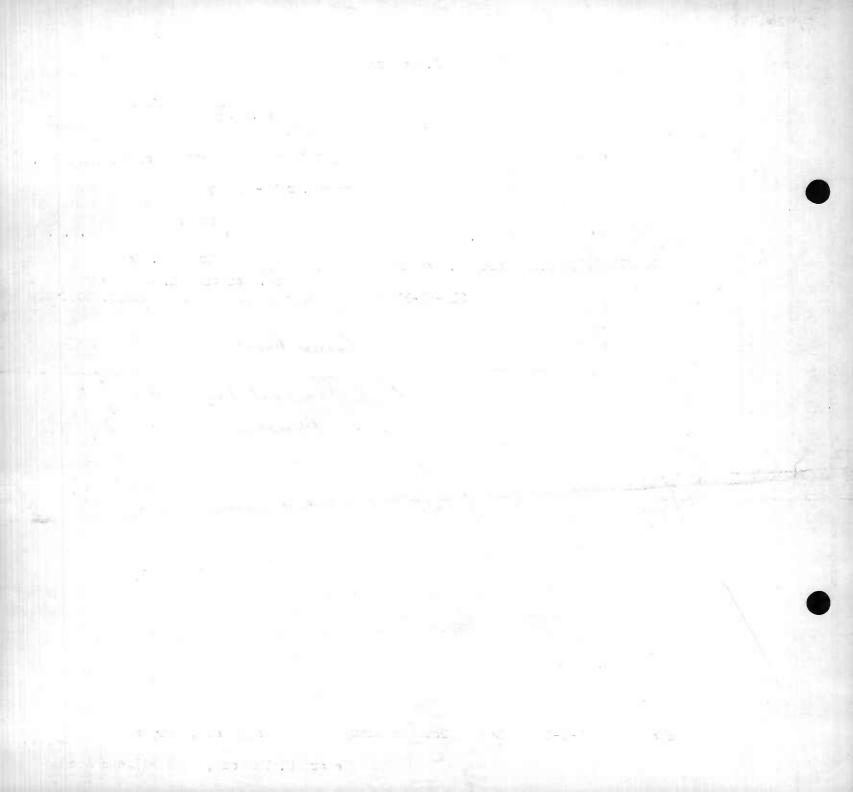
25C. FUNERAL DIRECTOR

Howard H. Hubbard, 4107 Wilkens Ave. 21229

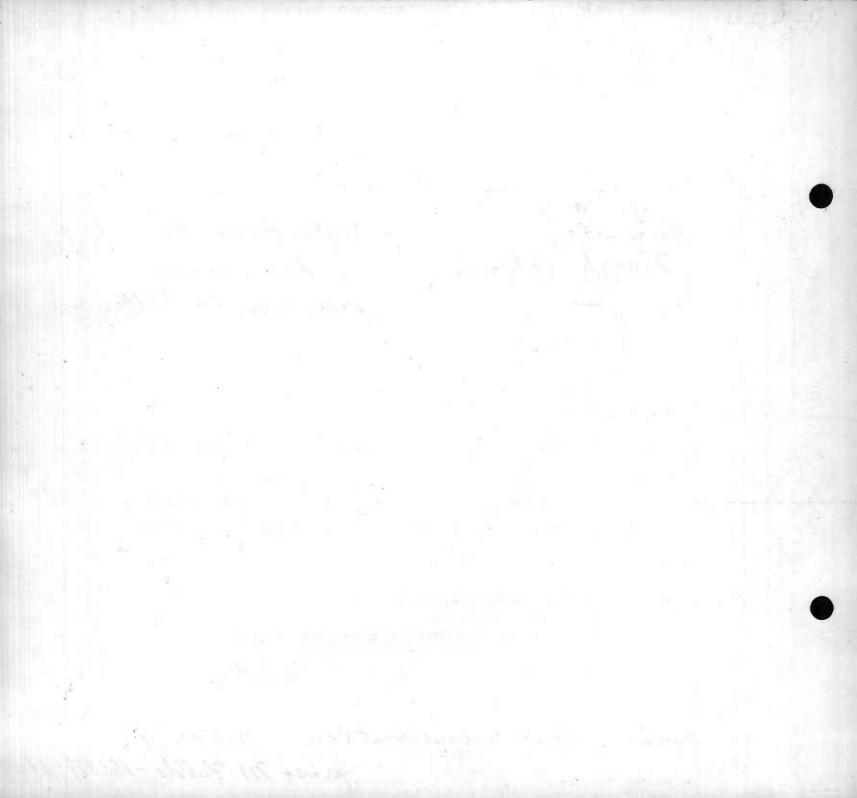


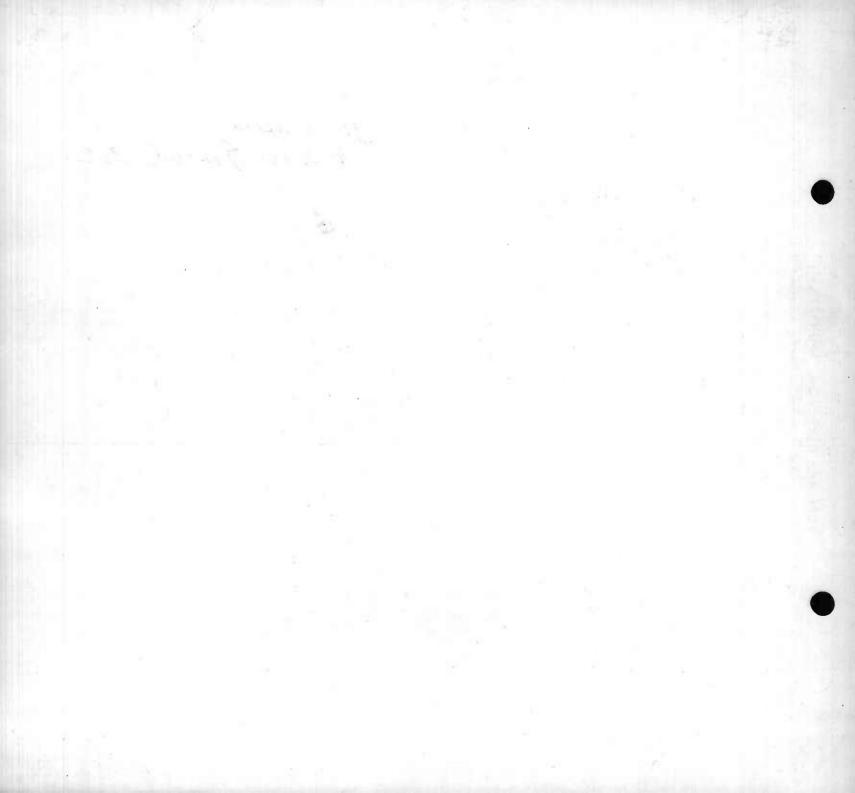
DIRECTOR:

FUNERAL



00	BALTIMORE CITY	HEALTH DEPARTMENT		00 4505
68-	1535 CERTIFICA	TE OF DEATH	REG. NO	68- 1535
BIRTH NO. 1, NAME OF DECEASED	CERTIFICA		Un VOUE OF BEATU	
(Type or Print) Caro / Bloc	k	2. DATE AL	14/60	4130 PM.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		4. USUAL RESIDENCE (Whe	ere deceased lived. If in	nstitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) LA Sinai Hospital		Md. C. CITY OR TOWN Baltimere YES P NO E. STREET AND NUMBER 4907 Palmer-Ave		
F 11	ARRIED NEVER MARRIED DIVORCED DIVORCED	7/3/20	last birthdoy)	Months Days Hours Min.
IDA, USUAL OCCUPATION (Give kind of work 108, K	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife -		Wilkes-Barne, Pa. U.S.A.		
Joseph Poland		Anna Remco		
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or doles of s	ervice) SECURITY NO.	Steven Balon	ra F.H W	Vilkes-Barre, Pa
18. 532./ I	CAUSE OF DEAT	H 107 Kinds		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTL LEADING TO DEATH	Y (A) IMMEDIATE CAL	acut amse	stive heart to	rifure
(This does not meon the mode of dying	, e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
hearl failure, asthenia, etc. 11 means the d injury or complication which coused death		, , , ,	1111	
ANTECEDENT CAUSES	a Cate	. gastrointestin	val 6/redin.	7
DISEASES OR CONDITIONS, if any,	giving DUE TO, OR AS	A CONSEQUENCE OF:		·
rise to the obove couse (A) statin	g the converse	trating duode	nal Wicer	
	(0)			
OTHER SIGNIFICANT CONDITIONS CONTRIB				
TO THE DEATH BUT NOT RELATED TO THE TER. VIOLENTE OR CONDITION GIVEN IN PART 1 (A)				
198. CONDITION FOR WHICH OPERATION WAS PERFORMED		20 A. AUTOPSY? (Yes or N	O) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, lorm, foctory, street, o	in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Boltima	re Clyv, give exact lacation)
21D. TIME (Month) (Doy) (Year) (Hou	11) 21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)	While At Not Whi Work At Work	le 🗍		
22			10	10
22. I certify that (I) (this hospital) atte			.19ta	
that (I) (we) last saw the deceased ali				inian deoth accurred an the date
ond hour and fram the couses stated at	pove. (I) (We) (did) (did nat)	view the bady after death.	2	Lead to ART CLONES
23A. SIGNATURE	Atte	ending Med.	Staff	23B. DATE SIGNED
Michael V Ba	OEGREE Phy	s. Director L	Phys.	19/68
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
	DEGREE			
24A. BURIAL CREMATION, 24B. DATE BEMOVAL (Specify)	24C, NAME of CEMETERY of CR	EMATORY 24D.	LOCATION (C	ity, town, or county) (Stote)
Bunia / 2/8/68	Sacred Hear	t Cem	hallas	Pa
25A. DATE REC'D BY HEALTH DEPT. 25B. P	NAME OF REGISTRAR	25C FUNERAL DIRECTO	R	ADDRESS
	A C Taller	Lamos 2	n. FriOdle	1 - Bults. Hd
VS 150-REV. 1/1/68 3 1868		1	1 , 00000	



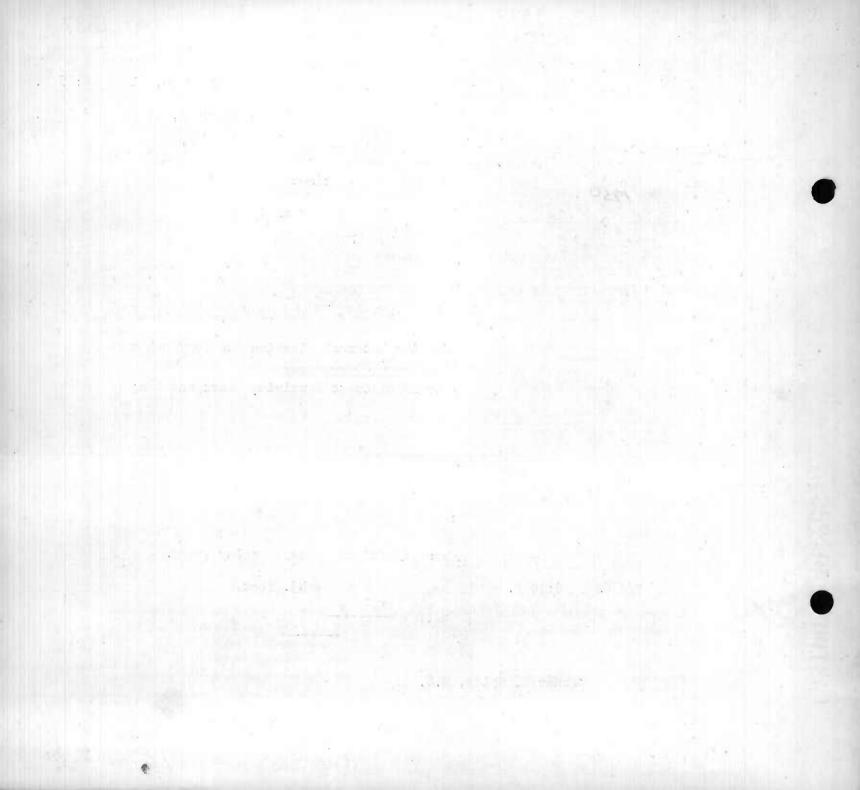


N-250

68-1537 Baltimore City Health Department

68- 1537,

BIR	TH NO.	REG. I	
1. ľ (Typ	NAME OF DECEASED SEOP NEWSOME	2. DATE Knawn X Manth Day OF DEATH Estimoled February	4, 1968 6:45 P.M.
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Haur
HO:	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD February 4, 5. USUAL RESIDENCE (Where deceased lived. If Instit	1968 6:45 P.M.
50	2854 Oakley Avenue	A. STATE B. COUN Maryland	
6. 9	SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSI	GCITY LIMITS?
n	nale negro WIDOWED DIVORCED	Baltimore	YES X NO
	DALE OF BIRTH 1930 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	
	18 Months, Days, Hours, Min.	3804 Fear Avenue	
11.	SIPTHPLACE (State ar foreign cauntry) 12. CITIZEN OF	13. FATHER'S NAME	
1	Bat what country?	Take March 1 mass	
144	USUAL OCCUPATION (Give kind of wark 14B. KIND OF BUSINESS OR INDUSTRY	15/MOTHER'S MAIDEN NAME	
dane	eduring host of working life, even if retired)	TEl- sun Hall	,
1.	MOST OF THE PROPERTY OF THE SOCIAL	18. INFORMANT	ADDRESS
(Ye:	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no or unknown) (If yes, give wor or dotes of service)	matta Cal 300	I TEN BAR
	217-57-1450	Malle Johnson 380	APPROXIMATE INTERVAL
	$19. = 965 \times 1$ CAUSE OF DEA	TH ()	BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY Massive	Internal Bleeding Due To Gu	nshot
	LEADING TO DEATH	AUSE	
	heart tailure, asthenio, etc. It means the disease,	XXXXXXXXXXXXX	
	Injury or camplication which caused deoth.) Wound of	Chest Involving Heart and	Lung
	ANTECEDENT CAUSES (B)		
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:	
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
NO.	(C)		
F	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
CERTIFICATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
F	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes ar No)
핑	1		Yes
1×	22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.,	in ar about 22C. WHERE DID (If in Baltimare City, giv	
O	UNDERLYING OR CONTRIB-	e bldg., etc.) INJURY OCCUR?	a control of
MEDI	UTING CAUSE OF DEATH. home of	friend 2854 Oakley Avenu	e 2)
~	22D. TIME (Month) (Day) (Year) (Haur) 22E.INJURY OCCURRED OF INJURY WHILE AT NOT		
		while subj. shot	
	23.	. []	
		tapsy 🔥 and that an this basis, death in	
	resulted fram: Natural causes Accident Suicid		ner 🔲
	1 5 5	CHIEF MEDICAL EXAMINER	DATE SIGNED
	SIGNATURE MUSIC LA ZAZ M.D.	ASSISTANT MEDICAL EXAMINER X	
	EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER	2/5/68
24	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City,	, tawn, ar caunty) (State)
RE	MONAL (Specify) n= 9-18 My Style	Momaral Rolly	mi
25	A DATE REC'D BY HEACTH DEPT. 258. NAME OF REGISTRAR	25C FUNERAL DIRECTOR	ADDRESS,
23			
	FEB 8 1968 R.J.L. E. Lal.	Rayner Sanders 21	16 resion
VS	151-REV. 1/1/68		V



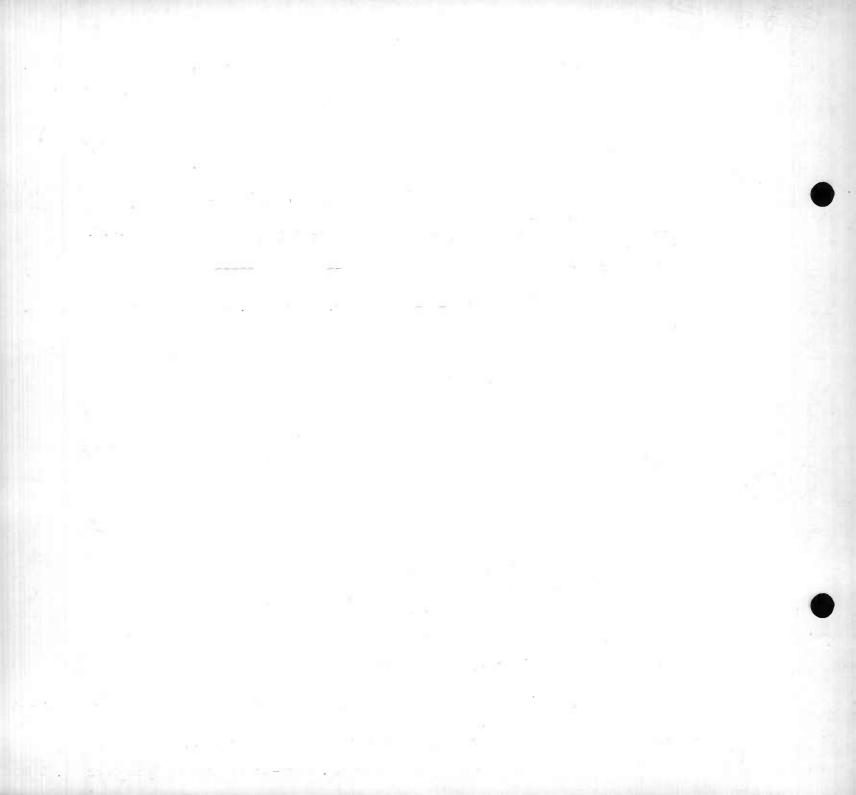
of death

attendance on the

	173	CEDTIEICA	TE OF DEATH	REG. NO	
	T00(CEKTIFICA	TE OF DEATH		
1. NAME OF DECEASED (Type or Print)			7.11	HOUR OF DEATH	
Sarah, Zentz			Febru	ary 5, 196	8 3 P.
3. PLACE IN BALTIMORE, MARYLAND, WH	ERE PRONO	UNCED DEAD	A. STATE 8, COUNTY		nstitution: residence before admissio
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCATE	L OR INSTIT	UTION, GIVE STREET	Maryland		
HOSPITAL OR ADDRESS OR LOCATI	ION)		C. CITY OR TOWN	D NS	IDE CITY LIMITS?
CIA			Baltimore		YES NO
House in the P			E. STREET AND NUMBER		
5. SEX 6. RACE 7.		BELVEDERE	8. DATE OF SIRTH 9.	AGE (In years	If Under 1 Yr. , If Under 24 H
		NEVER MARRIED	los	t birthday)	Months Doys Hours Min.
	WIDOWED		April 18, 1902	65	TO CITIZEN OF WHAT COUNT
10A. USUAL OCCUPATION (Give kind of work) (done during most of working life, even if retired)	OB, KIND OI	F SUSINESS OK INDUSTRE	11. BIRINPLACE (Stote of foreign	country)	12. CITIZEN OF WHAT COUNT
Owner	Confec	tionary	Virginia		U.A.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
George Kroder					
S. Was Deceased Ever in U. S. Armed Force	es?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes	or service/	SECURITY NO.	M 01 1 5		10. 5 11 151
No		213-01-8111A			3A Ramblewood Rd.
DISEASES OR CONDITIONS, if on rise to the obove couse (A) s	,		A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, if on rise to the obove couse (A) sunderlying condition tost.	stoling the				
DISEASES OR CONDITIONS, if on itse to the obove couse (A) is underlying condition lost. 773.0 II OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE	Stoling the				
DISEASES OR CONDITIONS, if on rise to the obove couse (A) s UNDERLYING CONDITION lost.	TRIBUTING E TERMINAL 1 (A).	(c)		208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
DISEASES OR CONDITIONS, if on ise to the obove couse (A) is underlying condition tost. ///3.0 Other significant conditions conditi	TRIBUTING E TERMINAL 1 (A). HITON FOR DRMED	WHICH OPERATION B. PLACE OF INJURY (e.g., in the part of the part			FINDINGS CONSIDERED AUSES OF DEATH?
DISEASES OR CONDITIONS, if on itse to the obove couse (A) is underlying condition tost. 1	ITRIBUTING E TERMINAL 1 (A). ITION FOR DRMED	WHICH OPERATION B. PLACE OF INJURY (e.g., in the part of the part	20A. AUTOPSY? (Yes or No)	(If In Boltimo	
DISEASES OR CONDITIONS, if on rise to the obove couse (A) sunderlying Condition lost. 193.0	TRIBUTING E TERMINAL 1 (A). ITRIBUTING E TERMINAL 1 (A).	WHICH OPERATION B. PLACE OF INJURY (e.g., in the control of the c	20A. AUTOPSY? (Yes or No) n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJUR	(If In Boltimo	
DISEASES OR CONDITIONS, if on itse to the obove couse (A) is underlying condition tost. 1	TRIBUTING ETERMINAL 1 (A). ITRIBUTING ETERMINAL 1 (A). ITRIBUTING ETERMINAL 1 (A). ITRIBUTING ETERMINAL 1 (A). ITRIBUTING ETERMINAL 1 (A).	WHICH OPERATION B. PLACE OF INJURY (e.g., ine, form, foctory, street, o.g.) INJURY OCCURRED Thile At Not While At Work	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Bollimo	re City, give exect location)
DISEASES OR CONDITIONS, if on rise to the obove couse (A) sunderlying Condition lost. 1	ITRIBUTING ETERMINAL 1 (A).	WHICH OPERATION B. PLACE OF INJURY (e.g., ine, form, foctory, street, o.g.) INJURY OCCURRED Thile At Not While At Work	n or obout 21 C. WHERE DID ffice bidg., INJURY OCCUR?	(If In Boltimo	Fe City, give exact location) Fig. 57 1968
DISEASES OR CONDITIONS, if on itse to the obove couse (A) is underlying Condition tost. 1	ITRIBUTING E TERMINAL 1 (A). Without FOR DRMED 21E hor etc (Hour) 21E Without Author Without Author	WHICH OPERATION B. PLACE OF INJURY (e.g., ine, form, foctory, street, on the line of the	n or obout 21C. WHERE DID INJURY OCCUR?	(If In Boltimo	Fe City, give exact location) Fig. 57 1968
DISEASES OR CONDITIONS, if on rise to the obove couse (A) sunderlying Condition lost. 1	ITRIBUTING E TERMINAL 1 (A). Without FOR DRMED 21E hor etc (Hour) 21E Without Author Without Author	WHICH OPERATION B. PLACE OF INJURY (e.g., ine, form, foctory, street, on the line of the	n or obout 21C. WHERE DID INJURY OCCUR?	(If In Boltimo	Felt 5, 1968
DISEASES OR CONDITIONS, if on rise to the obove couse (A) sunderlying Condition lost. 1	ITRIBUTING E TERMINAL 1 (A). Without FOR DRMED 21E hor etc (Hour) 21E Without Author Without Author	WHICH OPERATION B. PLACE OF INJURY (e.g., ine, form, foctory, street, only) INJURY OCCURRED Inite At Not White At Work the deceased from 1 (I) (We) (did) (did nat) At Work At D Attention	20A. AUTOPSY? (Yes or No) n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJUR 21F. How do not that yiew the bady after death.	(If In Boltimo	Fe City, give exoct locotion) All 51 1968
DISEASES OR CONDITIONS, if on itse to the obove couse (A) is UNDERLYING CONDITION tost. 1	ITRIBUTING E TERMINAL 1 (A). Without FOR DRMED 21E hor etc (Hour) 21E Without Author Without Author	WHICH OPERATION B. PLACE OF INJURY (e.g., ine, form, foctory, street, only) E. INJURY OCCURRED All Work The deceased from (I) (We) (did) (did not) while the deceased from the deceased fro	20A. AUTOPSY? (Yes or No) n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJUR 21F. HOW did in that yiew the bady after death. Med. Director Ph	(If In Boltimo	Fe City, give exect location) Felt 5, 1968 inian death accurred an the d
DISEASES OR CONDITIONS, if on itse to the obove couse (A) is underlying Condition tost. 1	ITRIBUTING E TERMINAL 1 (A). Without FOR DRMED 21E hor etc (Hour) 21E Without Author Without Author	WHICH OPERATION B. PLACE OF INJURY (e.g., ine, form, foctory, street, only) E. INJURY OCCURRED All Work The deceased from (I) (We) (did) (did not) while the deceased from the deceased fro	20A. AUTOPSY? (Yes or No) n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJUR 21F. How do not that yiew the bady after death.	(If In Boltimo	Fe City, give exect location) Felt 5, 1968 inian death accurred an the d
DISEASES OR CONDITIONS, if on rise to the obove couse (A) sunderlying Condition tost. 1	TRIBUTING ETERMINAL 1 (A). (Hour) 21E WW. W. attended (alive an at above. (alive an at above.)	WHICH OPERATION B. PLACE OF INJURY (e.g., ine, form, foctory, street, on the local street, on the deceased from the dec	20A. AUTOPSY? (Yes or No) In or obout 21C. WHERE DID flice bidg., INJURY OCCUR? 21F. HOW DID INJUR 23D. ADDRESS	(If In Boltimo	Jel- 5, 1968 inian death accurred an the d 238. DATE/SIGNED 2 6 68 E BALTO. M
DISEASES OR CONDITIONS, if on itse to the obove couse (A) is UNDERLYING CONDITION tost. 73.0 OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION 198. CONDITION CONTO CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this hospital) that (I) (we) last saw the deceased and haur and from the causes stated and haur and from the causes are caused and haur and from the cause are caused and haur and from the ca	TRIBUTING ETERMINAL 1 (A). (Hour) 21E WW. W. attended (alive an at above. (alive an at above.)	WHICH OPERATION B. PLACE OF INJURY (e.g., ine, form, foctory, street, only) E. INJURY OCCURRED All Work The deceased from (I) (We) (did) (did not) while the deceased from the deceased fro	20A. AUTOPSY? (Yes or No) In or obout 21C. WHERE DID flice bidg., INJURY OCCUR? 21F. HOW DID INJUR 23D. ADDRESS	(If In Boltimo	Felt 5, 1968
DISEASES OR CONDITIONS, if on rise to the obove couse (A) sunderlying Condition tost. 1	ITRIBUTING ETERMINAL 1 (A). IT	WHICH OPERATION B. PLACE OF INJURY (e.g., ine, form, foctory, street, on the local street, on the deceased from the dec	20A. AUTOPSY? (Yes or No) n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJUR 22F.	(If In Boltimo	inian death accurred an the death 2/6/68 BALTO. Mility, town, or county) (State)

VS 150-REV. 1/1/68

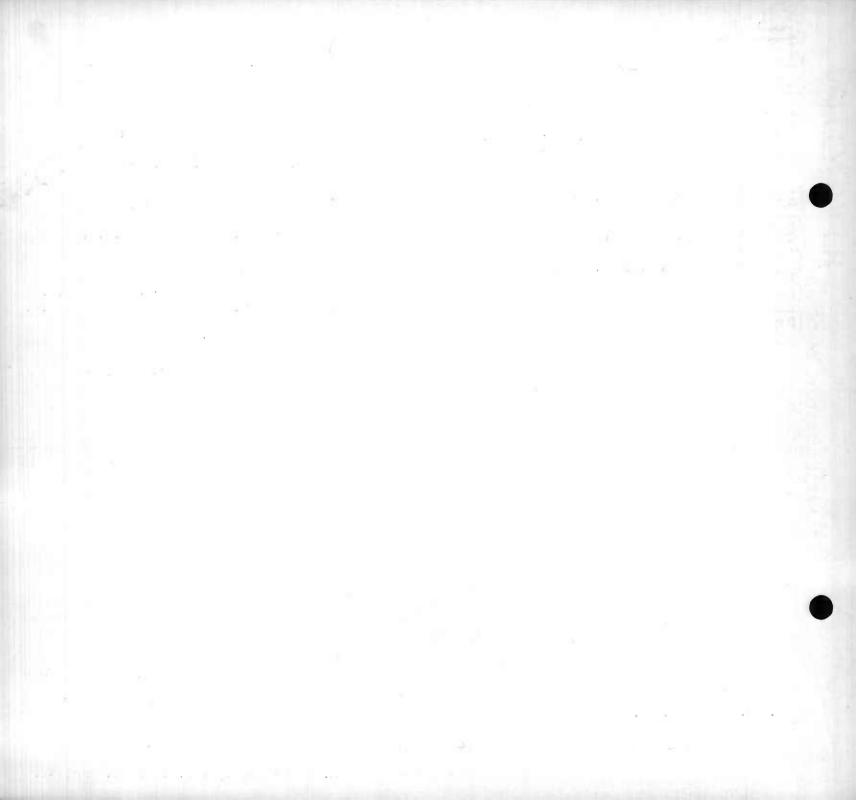
Wm. Cook-Brooks Towson 1050 York Rd. 21204



WIDOWED ve kind of work 108, KIND Oven if retired)	DUNCED DEAD ITUTION, GIVE STREET A-4 B D NEVER MARRIED D DIVORCED DIVORCED DF BUSINESS OR INDUST ETH High A-4 (A) IMMEDIATE (DUE TO, OR (B) DUE TO, OR	A. STATE Mary] C. CITY OR TO Balt E. STREET AN 3043 S. DATE OF BI Jan. 24 TRY 11. BIRTHPLACE Balti 14. MOTHER'S Oct 17. INFORMAN 2 Miss M ATH George	ELIMOTE ND NUMBER N. Calvert St. IRTH P. AGE (In lost birthdoy) 78 CE (Stote or foreign country) LIMOTE, d. S MAIDEN NAME LAVIA COX NT Mildred D. Rait LES LEVE STEARY CE OF LEEL SLOPE Vascular A SUMMER AND	Washin Jailure Washin Jailure	er Yr. If Under 24 Hrs. Doys Hours Min. IZEN OF WHAT COUNTRY? S.A. ADDRESS gton, D.C.
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TO DEATH e mode of dying, e.g., ic. It meons the diseose, hich coused deoth.) NT CAUSES FIONS, if ony, giving couse (A) stoting the	(A) IMMEDIATE (DUE TO, OR	CAUSE AS A CONSEQUEN	Ellersion /	mix.	Graderal publy
TIONS, if ony, giving couse (A) stoling the	e	AS A CONSEQUEN	NCE OF:		
DITIONS CONTRIBUTING RELATED TO THE TERMINAL SIVEN IN PART 1 (A).					
198 CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTO	PSY? (Yes or No) 20B. IF YE IN CERTIF	S, WERE FINDING	S CONSIDERED DEATH?
USE OF horiner)	B. PLACE OF INJURY (e. ome, form, foctory, street, c.)	g., in or obout 21C., office bldg., INJU	WHERE DID (IF	in Boltimore City, gi	ve exect location)
w	E. INJURY OCCURRED While At Not Vork At W	Vhile	HOW DID INJURY OCCU	R?	
he deceased alive an	(1) (We) (did) (did not	Attending [7]	and that in (my)	(aur) apinian de	ath accurred an the date of Signed A 7-68
TALE SOCIAL	OEG	23D. ADDRESS	03 Park O	re Bel	ti 12 md or county) (Stote)
10. DATE 24C. N			2451 25 3411011		
	Greenmount Cr	ematory	Baltimon	ce, d.	ADDRESS
	he deceased alive an causes stated abave.	Har DEGREE	he deceased alive an About 19 causes stated abave. (I) (We) (did) (did nat) view the bady Attending Phys. 23D. ADDRESS OEGREE	he deceased alive an FLD - 68 19 and that in (my) causes stated abave. (1) (We) (did) (did nat) view the bady after death. Attending Med. Staff Director Phys. 23D. ADDRESS 140 3 Pack Of Staff Of S	Attending Med. Director Phys. 23B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, lown,

VS 150-REV. 1/1/68

town, or county) Greenmount Crematory Baltimore, ADDRESS 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Wm. Cook-Brooks, Inc. 1217 St. Paul St.



VS 151-REV. 1/1/6B

68- 1540 BALTIMORE CITY HE		40
MEDICAL EXAMINER'S (CERTIFICATE OF DEATH REG. NO. DOT 1.0	410
BIRTH NO.		
NAME OF DECEASED	2. DATE Known Month Doy Yeor Hour	
WILLIAM S. MCMILLAN	DEATH Estimated X January 31, 1968	М.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day Yeor Haur	
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	February 5, 1968 3:45	n
HOSPITAL ADDRESS OR LOCATION) DR INSTITUTION	February 5, 1968 3:45 5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before odm	
20	A. STATE B. COUNTY	1551011)
OO831 N. Eutaw Street (DOA)	Maryland	
SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CAY LIMITS?	
X	Baltimore YES XX NO	
	Baltimore YESXX NO L	
lost birthdoy) Mantha i Days i Hours i Min.	E. SIREEI AIVO NOMBER	
54	831 N. Eutaw Street	
1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
WHAT COUNTRY?	7 1' V V'11	
Grac Co., Va. U.S.A. 4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR'	Felix Mc.Millan	
one during most of warking life, even if retired)	1 10. MOTHER 3 MAIDER RAME	
carpenter Kelised	Sarah Mahaffey	
6 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT Sturdivant ADDRESS North	Can
		_
Yes W.W.I CAUSE OF DEA		ferso
11 4 1 2 9 1	BETWEEN ONSET	AND DEATH
DISEASE OR CONDITION DIRECTLY	sclerotic Cardiovascular Disease	
LEADING TO DEATH (A)IMMEDIATE (
(This does not mean the made of dying, e.g., DIJETO OR.	AS A CONSEQUENCE OF:	
heort foilure, asthenio, etc. It means the disease, injury ar camplication which coused deoth.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
Z (C)		
OF # 22. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes	ar Na)
Ö	NO	
✓ 22A. EXTERNAL CAUSE WAS 22B, PLACE OF INJURY(e.g.,	NO	
The state of the s	to 1 1 22C WHERE DID (III : D. Harris City : the second leasting)	
YI IINDERIVING TOR CONTRIB. Inome, form, fociary, street, direct	, in ar about 22C. WHERE DID (If in Baltimore City, give exact lacotian) ce bldg., etc.) INJURY OCCUR?	
S OUR COUNTY	, in ar about 22C. WHERE DID (If in Baltimore City, give exact lacotian) ce bldg., etc.)	
UTING ☐ CAUSE OF DEATH. ≥ 22D. TIME (Manth) (Day) (Yeor) (Haur) 22E.INJURY OCCURRED	in ar about 22C. WHERE DID (If in Baltimore City, give exact lacotian) INJURY OCCUR?	
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IMPORTANT

DIRECTOR:

FUNERAL

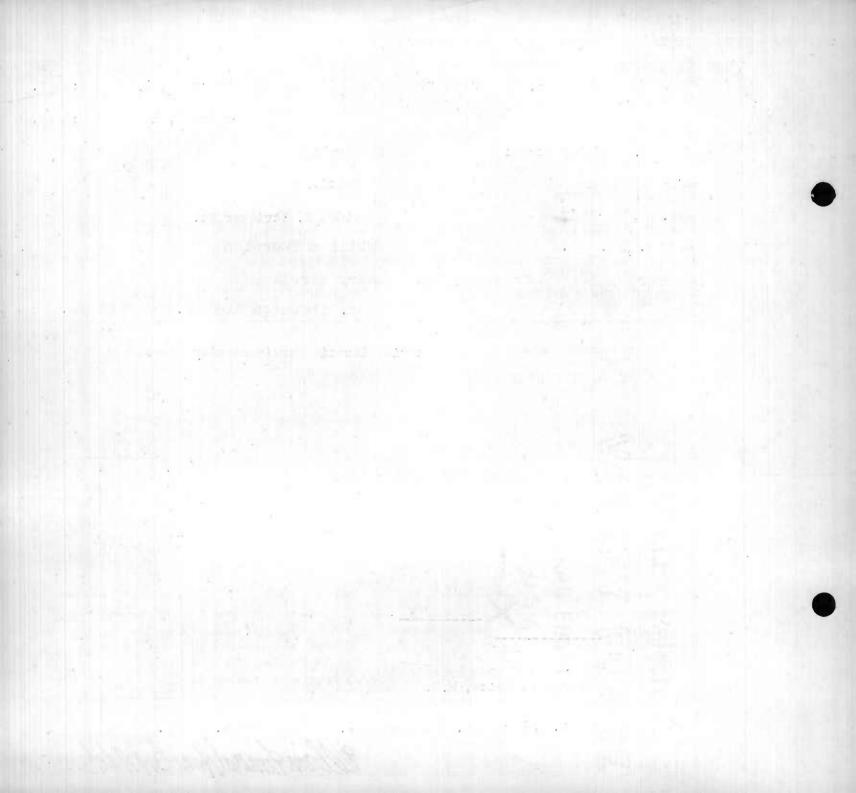
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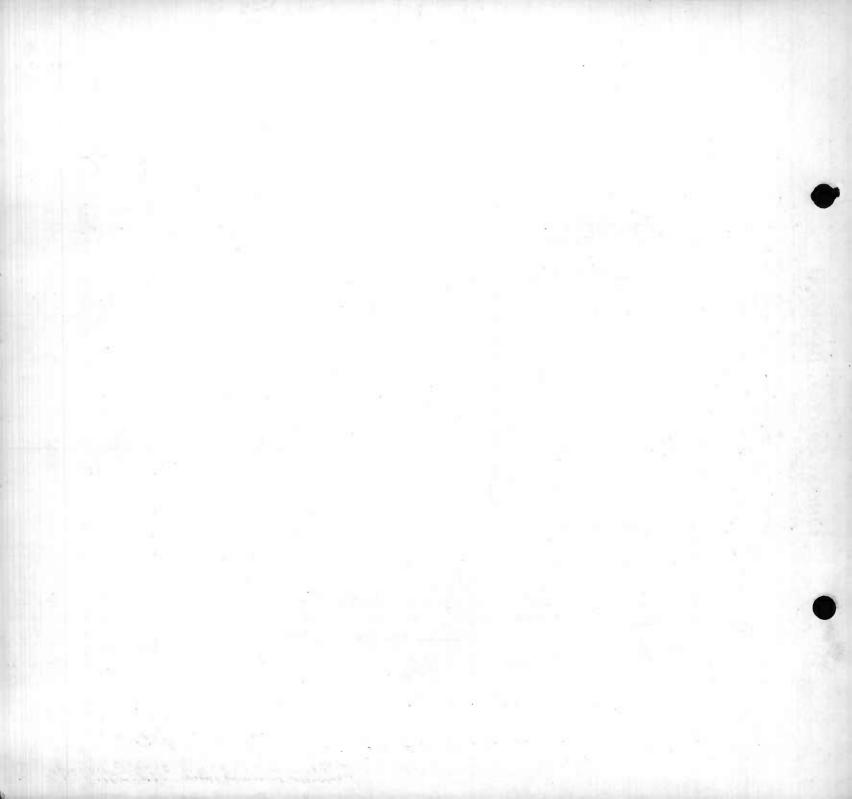
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VS 150-REV. 1/1/68

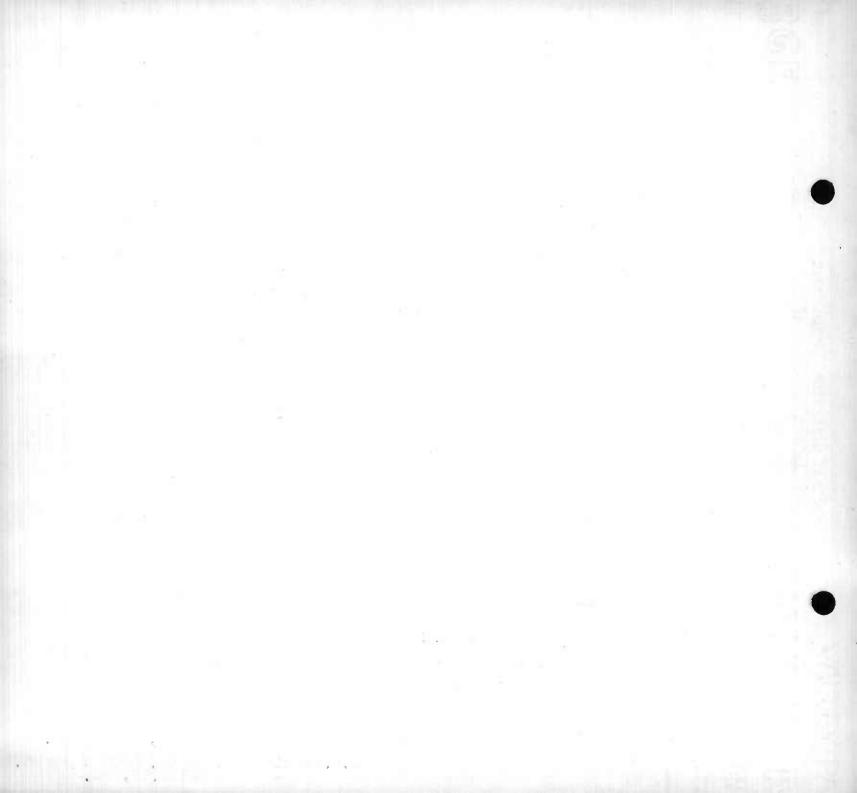
Such

C 252	BALTIMORE CITY	HEALTH DEPARTMENT	6	68- 1543
BIRTH NO. 68- 1543	CERTIFICA	TE OF DEATH	REG. NO.	1040
NAME OF DECEASED Type or Print) CHARLES A-	GASKINS	2. DATE AND 2-6	HOUR OF DEATH	19:15A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PE	ONOUNCED DEAD	4. USUAL RESIDENCE I Where A. STATE B. COUNT		itution; residence before odmissio
ULL NAME OF (IF NOT IN HOSPITAL OR I	NSTITUTION, GIVE STREET	MARY	AND	1800
OSPITAL OR ADDRESS OR LOCATION		C. CITY OR TOWN	D. INSID	E CITY LIMITS?
	1/200	CALI/ MOR	6	YES NO
FRANKLIN SQUARE	1403/1/20-	E. STREET AND NUMBER S	ARATOG	ASF
11 11	RIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH	ost birthdoy	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of foreign	in county)	12. CITIZEN OF WHAT COUNT
ne during most of working life, even if refired)	Construction	CHAN COL	of far	USA
3. FATHER'S NAME		A MOTHER'S MAIDEN NAM	7/1//1/19	
. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	and the	ADDRESS
Ves WIWITS	216- ET-1/299	FRAN Klin)	SOUM	3 HASPI JAL
18. 4 7 4 6 1	CAUSE OF DEAT	Н		APPROXIMATE INTERVA
DISEASE OR CONDITION DIRECTLY	SUPP	PRATIVE CA	OLANGITI	BETWEEN ONSET AND DEA
LEADING TO DEATH	(A)IMMEDIATE CAL	JSE		1-2 NEEKS
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis	e.g., DUF TO, OR AS	A CONSEQUENCE OF:		
injury or complication which caused deoth.)	2º fo	Stoner (Nu	spacked	
ANTECEDENT CAUSES	(B) at C	unpulla of	VATER	SEV. WER
DISEASES OR CONDITIONS, if ony, grise to the obave couse (A) stoting		A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(C)			
5841				
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).				1075
DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	200 IE Vec Wene ell	NOINCE CONCIDENCE
WAS PERFORMED		Vas		NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218 PLACE OF INJURY leag., home, form, foctory, street, o etc.)	ffice bldg. INJURY OCCUR?	(If in Boltimore	City, give exact location)
21D-TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
(APPROX)	While At Not Whi	•		
22. I certify that (I) (this haspital) atten-	ded the deceased from	EB . 15	908 to 17	PB. 6 196
that (I) (we) last saw the deceased alive	7 50			an death accurred on the c
			i many (del porm	an death accorded on the t
ond hour and from the couses stated abo	ve. (I) (<u>re) (ala) (</u> ala nar) v	view the body offer deoff.		23B, DATE SIGNED
Report 7. Fall	na Moscoss Phy	ending Med.	Staff Phys.	2-6-68
23C. PHYSICIAN'S NAME ITYPE	DEGREE	23D. ADDRESS	nys. \triangle	2
NAME ITYPE U.	LQNA MD' DEGREE	FRANKUN	Square.	Mospital
AA. BURIAL CREMATION. 24B. DATE	4C. NAME OF CEMETERY, OF CR	EMATORY 24D. LO	CAHON DELY	hown, or county) (Slote)
3/1/18/ 3/8/1968	Ballo Halling	Vem Va	660, 11/1	Clay
SA. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	-111	ADDRESS
FFRX 1968 (12 1) T	2º STOTA VEGETAR	101W/18/11/11/11/11/11/11/11/11/11/11/11/11/	113 M/X6201 (2)6	111 Cannonanan (



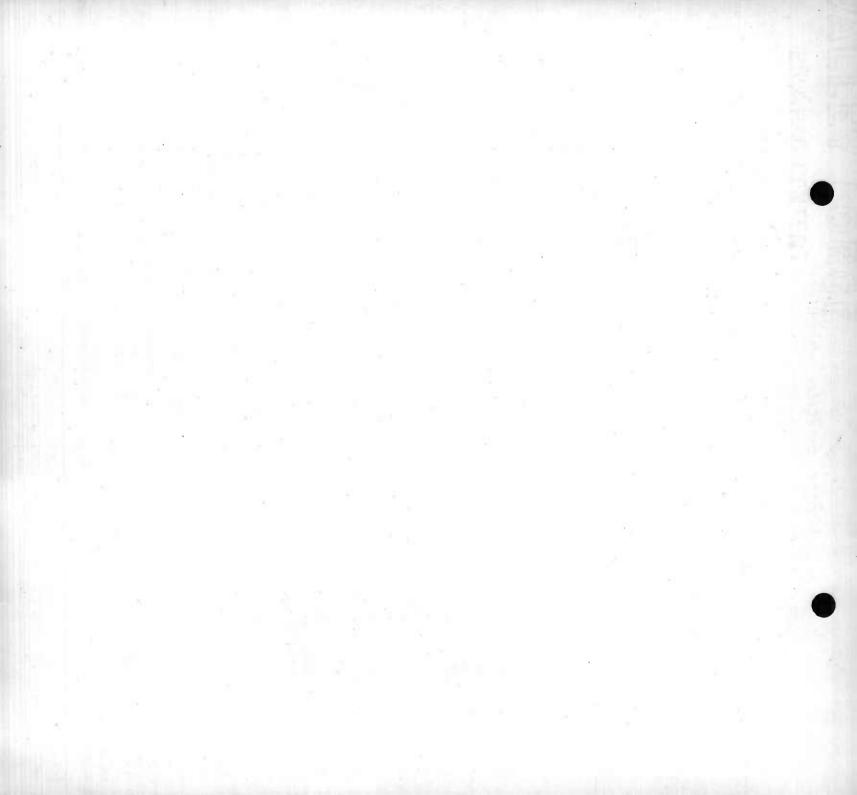
FUNERAL DIRECTOR: IMPORTANT

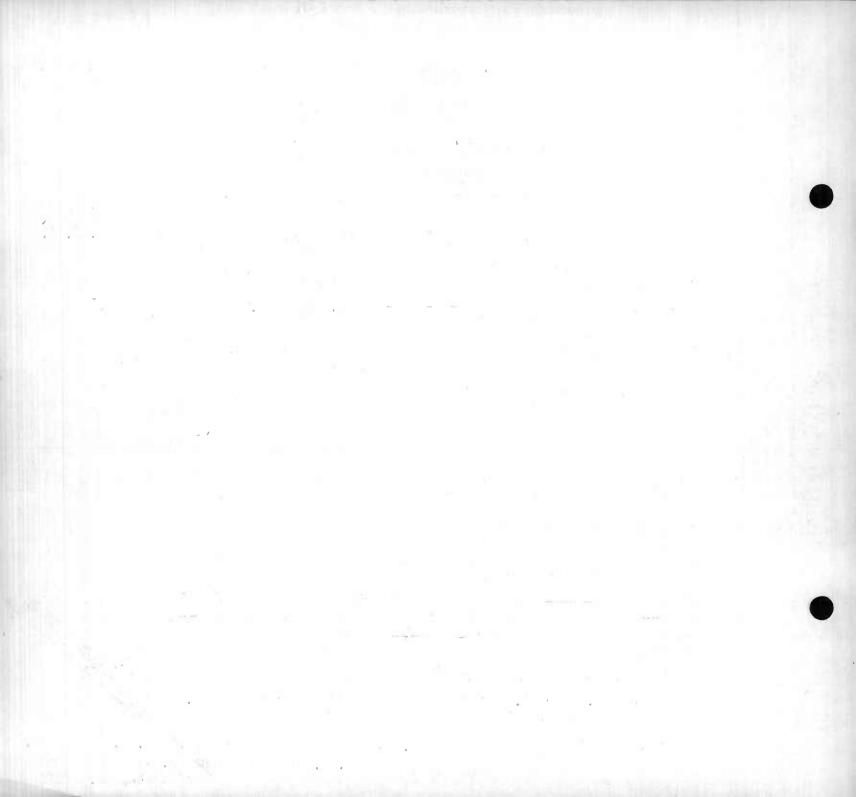
1.1	5114	20 454	BALTIMORE CIT	Y HEALTH DEPARTMENT		- 1544	
BIRTH NO.	- 17	D8- 134	4 CERTIFICA	Y HEALTH DEPARTMENT	REG. NO		
INAME OF	DECEA SED	1		2. DATE AND	HOUR OF DEATH		
(Type or Print)		WAT	1POLE	2/	7/68 4	Des	
3. PLACE IN	BALTIMORE, MARYLAN			4. USUAL RESIDENCE Where		n: residence before odmissio	
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FULL NAME	ADDRESS OR	LOCATION)	UTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CI	TY LIMITS?	
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117 1	rd, GENE	RAR OT	ימפרי	E. STREET AND NUMBER 1/12 3/00 ST. PAU			
40				HOPKINS APTS	41	14170 21218	
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years If L	Inder 1 Yr. If Under 24 H	
//	a	WIDOWED	DIVORCED	9/22/83	Mon	ins Doys Hours with.	
			BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign	country) 12.	CITIZEN OF WHAT COUNT	
done during mos	t of working life, even if ret	ired)	- 0	AILA: PENNA		U.S.A.	
13. FATHER'S	NAME	, El		14. MOTHER'S MAIDEN NAME			
	, •						
HENRY	YK. W	AMP	OLE	SALOME	2.		
15. Was Deced (Yes, no or unline	sed Ever in U. S. Arme own) (II yes, give wor or	d Forces? r dates of service)	SECURITY NO.	17. INFORMANT	06.	ADDRESS	
No				WALTER TABL	OR TRUSTE	[(74/-7.	
1B. 44 :	3 2 11 1		CAUSE OF DEA	TH LIGHT	0/10001	APPROXIMATE INTERVA	
DIS	EASE OR CONDITION	DIRECTLY		C. D	1 11	BETWEEN ONSET AND DEA	
	LEADING TO DE		(A) IMMEDIATE CA	use Ceretral	Miani	1000	
	s not mean the made			A CONSEQUENCE OF:	**** ** ** *** *** ** ** ** ** ** ** **	11/3/1	
	re, asthenia, etc. It m camplication which ca					19:11	
	ANTECEDENT CAL	USES				176,	
DISEASES	OR CONDITIONS,	if any giving	(B)OUE TO, OR A	A CONSEQUENCE OF		-101	
	The above cause	,, ,	CK	ravic breu	1 Syndre	me 2/ 1/6	
UNDERLY	ING CONDITION los	l.	(C)				
z 332	X		Bod-	and lulo	-t-d1		
O OTHER SIG	NIFICANT CONDITIONS		ren -	or is - (auge	G Car		
▼ DISEASE C	R CONDITION GIVEN IN	PART 1 (A).	***************************************	1004			
THE TYPE THE	OF OPERATION 198.	PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUSES	OF DEATH?	
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_ OR CONT	DENT WAS UNDERLY	hom	e, form, foctory, street,	office bldg., INJURY OCCUR?	(it in Boltimore City,	give exact location)	
U	otify medical examiner	etc.					
OF INJUR		Yeor) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?		
(APPROX.)	1,000	Wh	ile At At Work			4	
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	ify that (1) (this has		ne deceased from	/ /	/		
-	we) lost sow the dec				in(my) (our) opinion	death accurred an the a	
		stoted obove. ((We) (did) (did not)	view the body after death.		1	
23A. SIGN.	ATURE	111	· NO/			DATE SIGNED	
	11. N	Man	/ 1 / 1 / J / DL		off Nys.	2/1/6	
23C.PHYSI			DEGREE TH	23D. ADDRESS	/	1/	
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NAM	4. 111	17 ANK	1 4 1/ 1	1 / 6 / 1 / 1		116111	
	A. 101	MANK	DEGREI		ATION (C)	11001 .	
24A. BURIAL	A. 101		AME of CEMETERY OF C		CATION (City, tov	vn, or county) (State	
24A. BURIAL	CREMATION, 24B. DAT	440	AME of CEMETERY OF C	REMATORY 24D. LOC		vn, or county) (Stote	
24A. BURIAL CREMOVA Buria	CREMATION, 24B. DAT	/68 We	ame of CEMETERY of C stminster DF REGISTRAR	Phi. 25C. FUNERAL DIRECTOR	ladelphia,	Pa.	
24A. BURIAL OR REMOVA	CREMATION, 24B. DAT (Specify) 2/10	/68 We	ame of CEMETERY of C	REMATORY 24D. LOC Phi:	ladelphia,	Pa. ADDRESS 4905 York Re	



VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT





VS 150-REV. 1/1/6B

62 60-31-1 V W A.M. OHIV • Charles May 10 Th SHEERING STRANG IN SEC FEMA SOMETH ON - MICHO. (J. 20 - aludediam. BRI CETT HOLD BRIT COTY HOLD STREET 5.40 man 145 141 -3.18 00, 1/15/62 6. ALABION DATES CITY OF 6 ALARISAS

VS 150-REV. 1/1/68

IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT 68-REG. NO CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH GERTRUDE 13 ROOKS (Type or Print) January 27, 1968 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN NSIDE CITY LIMITS? Baltimore YES X Provident Hospital NO. E. STREET AND NUMBER 927 N. Mount Street 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. 6. RACE If Under 24 Hrs. 5. SEX MARRIED NEVER MARRIED last birthday) Hours Negro Female WIDOWED DIV ORCED A 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Mr. Willie Jones, 2227 N. Calvert St. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY MYOCARDIAL INSUFFICTENCY LEADING TO DEATH (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, osthenio, etc. It meons the diseose, injury or complication which caused deoth.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving the obove couse (A) stoling the to UNDERLYING CONDITION lost. П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 9A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) WAS PERFORMED No 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct location) DEATH (notify medical examiner) MEDI 21 D. TIME (Month) (Dov) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 19 68 22. I certify that (I) (this hospital) attended the deceased from January 12, 19 60 , January 27, 19 68 that (I) (we) last saw the deceased alive an January 27,and that in(my) (our) opinion death occurred on the date and hour and fram the causes stated above. (I) (We) (did) (did not) view the body after death. 23B, DATE SIGNED 23A. SIGNATURE Attending [Staff 1-27-68 Phys. Phys. 23C. PHYSICIAN'S 23D. ADDRESS 1514 Division Street Balto., Maryland DEGREE 24C. NAME OF CEMETERY OF CREMATORY 24A. BURIAL CREMATION, 24B. DATE 24D, LOCATION (City, town, or county) (Stote) REMOVAL (Specify)

25C. FUNERAL DIRECTOR

258, NAME OF REGISTRAR

ADDRESS

21 2/60

B-650

VS 151-REV. 1/1/6B

68-1549 baltimore city health department

MEDICAL EXAMINER'S CERTIFICATE OF DEATH.

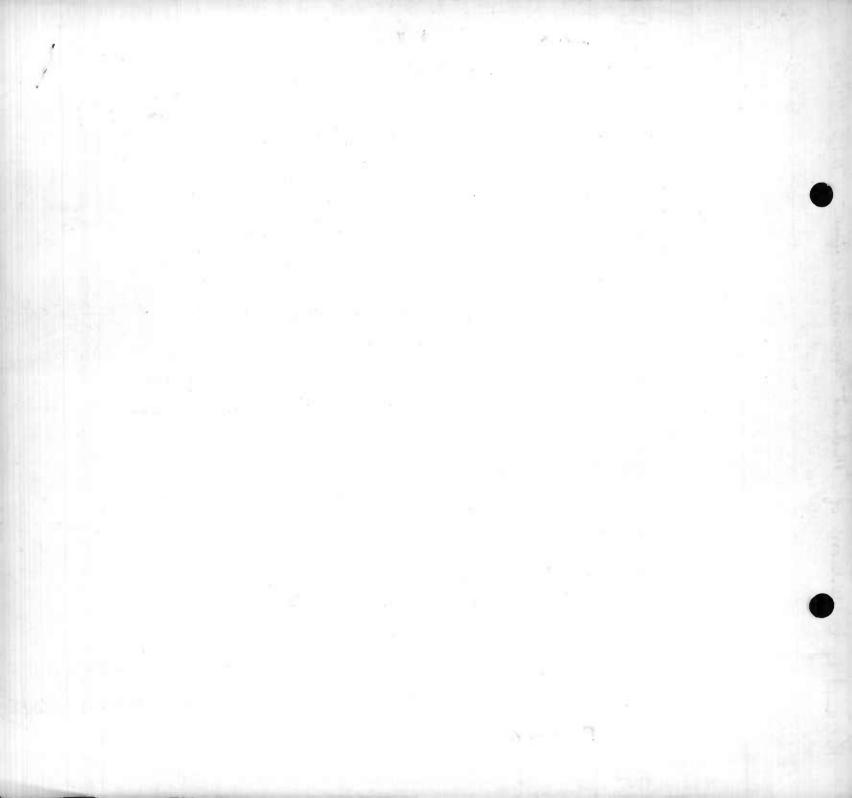
68- 1549

IRTH NO.		711201	C/ 12		12110		0,112 01		REG. NO.			
NAME OF DEC	EASED					2. DATE	Knawn 🔀	Month	Day	Year		
ype ar Print) RO	BERT		LEE		BYRUM	OF DEATH	Estimoted	Januar	y 15,	1968	8:20	A . M.
PLACE IN BALT	IMORE, MAR			ONOUNC		3. DATE		Month	Doy	Yeor		
JLL NAME OF		IN HOSPITAL				PRONO	JNCED DEAD	January	15. 19	68	8.20	A . M.
OSPITAL R INSTITUTION	ADDRES:	S OR LOCATION	ON)			6 HIGHAL D						
- 10	Old Yo	rk Roa	d (D	OA)		A CTATE	esidence (wher Maryland		COUNTY	residenc	e perare aam	ission)
SEX	7. RACE	8	- MAPPI	ED NE	VER MARRIED	C. CITY OR	TOWN		D. INSIDE C	W.LIMITS	7	
Male	White					Balt	imore		The second second	TV A		
DATE OF BIRTH	1	10. AGE (In y	WIDOW		Yr, if Under 24 Hrs.		ND NUMBER		YL	ES X	NO 🗆	
DATE OF BIRTH		lost birthday)			oys Haurs Min.		N. Broad	way				
. BIRTHPLACE (SI	tate or fareign	cauntry)	1	2. CITIZE WHAT	N OF COUNTRY?	13. FATHER	'S NAME					
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es, no or unknown)	O EVER IN U	.S. ARMED I	service)		SOCIAL SECURITY NO.	IB. INFOR	MANT		Al	DDRESS		
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UNDERLYIN	G CONDITIC	ON LAST.			(c)				*************			
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UTING CA					treet		York Road		I More	Gara	gc 310.	J 014
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(APPROX.)	1 1.	5 68	?	WHILE		WORK X	Subj. for	ind in a	uto			
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4A. BURIAL CREA		B. DATE		24C. NA	AME of CEMETERY	ar CREMATO	DRY 24D	LOCATION	(City, tow	n, or coun	ity) (Si	tote)
EMOVAL (Specif	41	2/2/	61			U	Y Engl	il Mi	DICA	5	HUUL	,
5A. DATE REC'D	BY HEALTH D	EPT	258 N	AME OF F	REGISTRAR	250	FUNERAL DIREC	TOR	0	DDRESS	0.041	
			0		- PAL	250.	MODILL	RV C	7/10	-	BCHD	
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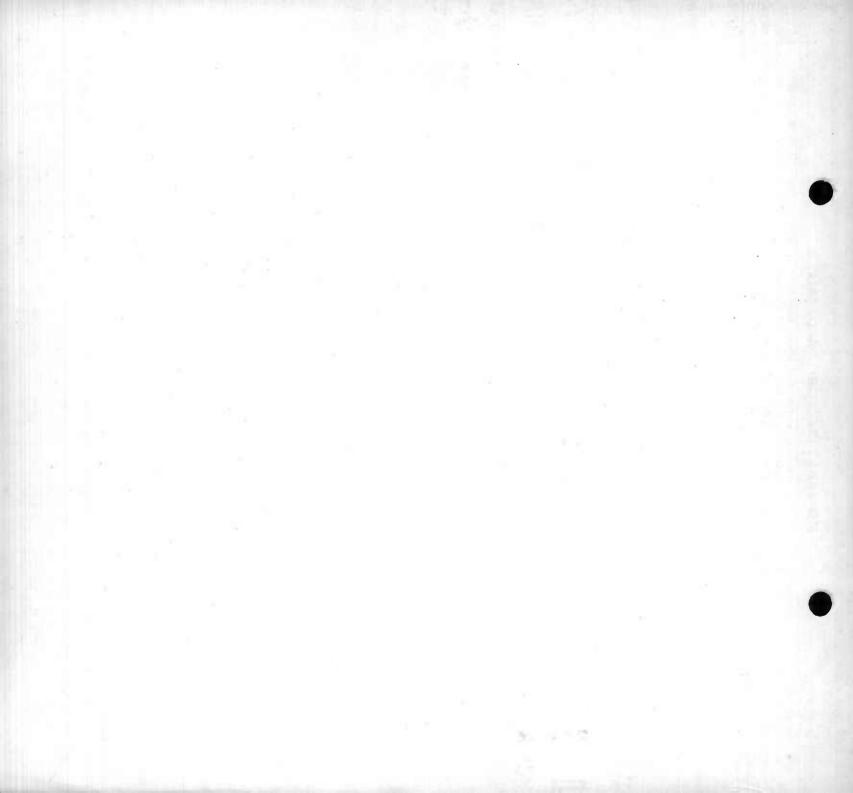
2.	241	68- 1550 BALTIMORE CITY HEALTH DEPARTMENT
)	פפים	BIRTH NO. CERTIFICATE OF DEATH 68- 1550
	death eased n the Such	1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
		(Type or Print) TOSEPH BUTLER 19 JAN 1968 18:07 PM
	of of Dec	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
	S O	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET BALTIMORE Mai 21-01
		IIC (DA OR TOWN)
	ca c	UNIVERSILY HOSPILAL BALTIMONE YES IN NO
	ting d cau r att	IL STREET AND NUMBER
	ar ar	502 Wise S/ 2/230
	trib min gulo sed maa	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months; Days Hours; Min.
	occonti onti reg ease is n	MIDOWED DIVORCED 4-9-06 61
	co co n r	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	or nd de	Virgenia
	os es	13. FATHER'S NAME
<u></u>	is a special s	EURE BUTLER FANNIE BLACKWELL
Z	e d ind; eath e on	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war ar dates of service) 16. SOCIAL SECURITY NO.
1	ist ist ind de ce	SECONIT NO.
ORT	d d d d d d d d d d d d d d d d d d d	18. 1 6 7 A V 1 2 5 0 9 CAUSE OF DEATH
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OR	ner pr pr pr nb	injury or complication which caused death.)
7	E train	ANTECEDENT CAUSES (B)
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2	e e in	UNDERLYING CONDITION last. (C) 11ABETES
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ER.	Y E X da io	DISEASE OR CONDITION GIVEN IN PART 1 (A).
Ž	bod sod	WAS PERFORMED PANCLEAS. IN CERTIFYING CAUSES OF DEATH?
)	by by ce t shy	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If In Baltimore City, give exact location)
-		OR CONTRIBUTING CAUSE OF home, farm, factory, street, office bldg., INJURY OCCUR?
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	pt atu	While AI Not While
	over a property	WORK LAND WORK
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	of apply of all (ell);	that (1) (we) last saw the deceased drive an in the date
	st be a ased to lent of spital death)	and haur and from the causes stated abave (1) (Ve) (did) (dld not) view the bady after death.
	leased to ident of hospital o death)	23A. SIGNATURE 23B. DATE SIGNED
	must eleas ccide a hos to de	Attending Med. Stoff 19 JAN 68
	0 - 0 - >	28C. PHYSICIAM'S NAME (Type) 23 D. ADDRESS
	ificate my was rel 1) An acc 1.A. at a l d prior to	DEGREE UNIVERSITY OF MD. HOSPITAL
	certificat body was vs. (1) An D.O.A. at ased pric	24A. BURIAL CREMATION, 24B DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	This certif the body shows: (1) was D.O. deceased written ap	2/6/60 JOHNS HOPKINS WENCAL SCHOOL
	This certhe bocshows: was D. deceas	25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	T+4× × P×	FEB 8 1968 P.C. J- E. John MORTUARY SERVICE J BCHD
		VS 150-REV. 1/1/6B

1436 madecon 30/6/12

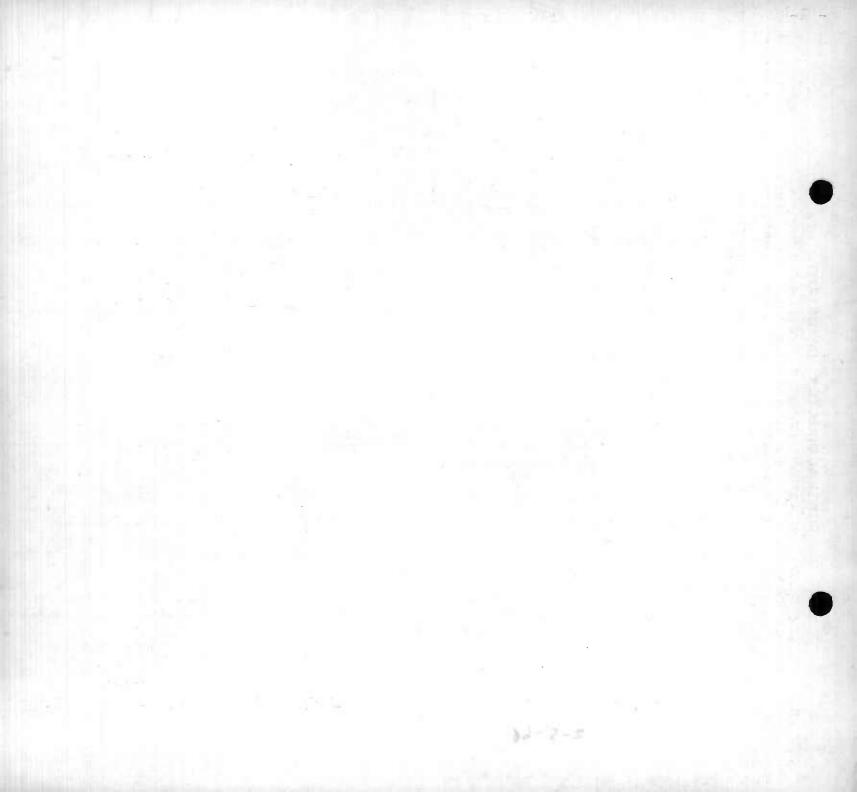
	68- 1551 CERTIFICATE OF DEATH REG. NO. 68- 1551
	CERTIFICATE OF DEATH
he + he	BIRTH NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
	(Type or Print)
9 500	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, II institution; residence before admission)
- 2000	A, STATE B. COUNTY
7 Se So 7	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET
4 5 6	HOSPITAL ON ADDRESS ON LOCATION) INSTITUTION INSTITUTION
e so	MARYLAND GEN. HOIP BALTO. YES NO
- 500	E. STREET AND NUMBER
S Ping	60TPENNSVLUANIA TIVE
bu la	S. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months; Doys Hours; Min.
m in	E M WIDOWED N DIVORCED 5-9-85
0000	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
3 4 5	done during most of working life, even if refired) FORMED ACTUAL FORMED
S no s	- YONE PARTIER YEAR VERY
2000	14. MOTHER'S NAME
O F - 54	vi vi
ZEDÖE	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
TA Stringer	(Yes, no or unknown) (II yes, give wor or doles of service) SECURITY NO.
Z SS + Y	18. PAUSE OF DEATH APPROXIMATE INTERVAL
2 0 0 = = 0	BETWEEN ONSET AND DEATH
S Pin	DISEASE OR CONDITION DIRECTLY DIAPHRA CINATIC
3 - PA OC	A)IMMEDIATE CAUSE / UGOCUL COLOR OF MILES
وقية بد ق	heort failure, osthenia, etc. It meons the disease,
nin nin	injury or camplication which coused death.)
T EET O	ANTECEDENT CAUSES (B) FX. HIP (PT.)
S S S S S S S S S S S S S S S S S S S	DISEASES OR CONDITIONS, if any, giving Due TO, OR AS A CONSEQUENCE OF:
3 8 6 E	rise la the obove cause (A) stating the UNDERLYING CONDITION last.
2 D D 18:0	n. E
Si isi isi isi isi isi isi isi isi isi i	SE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
A P	E P TO THE DEATH BUT NOT RELATED TO THE TERMINAR!
X + E > 0	
7 5 0 0 8	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
0 = = =	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Baltimore City, give experience of the place of the p
D 20 00 00 00 00 00 00 00 00 00 00 00 00	
FUP the chall by (2) B.	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCOR?
FUR FUR by the chintal by re; (2) B	DEATH (notily medical examiner) NURSING HOME (GEORGE & WASHING TON N. H.
FUR FUR d by the ct ospital by ture; (2) B	DEATH (notify medical examiner) or DEATH (notify medical examiner
FUR FUR ved by the ct hospital by nature; (2) B	DEATH (notify medical examiner) or DEATH (notify medical examiner
FUR roved by the ct he hospital by y nature; (2) B	DEATH (notily medical examiner) OLD TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) O
FUR pproved by the ch the hospital by any nature; (2) B (except where the	DEATH (notily medical examiner) etc.) VUNSING HOME GEORGE WASHING TON N. H. 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attended the deceased fram 1968
2000	DEATH (notily medical examiner) of DEATH (notily medical examiner
2000	DEATH (natily medical examiner) of DEATH (natily medical examiner
st be a seed to ent of spiral	DEATH (natily medical examiner) of DEATH (notily medical examiner
must be a seleased to cident of hospital	DEATH (natily medical examiner) of Death (natily medical examiner
st be a seed to ent of spiral	DEATH (natily medical examiner) of Death (natily medical examiner
must be a seleased to cident of hospital	DEATH (natily medical examiner) of Death (natily medical examiner
must be a seleased to cident of hospital	DEATH (notily medical examiner) of DEATH (notily medical examiner) of Not Mile At Work 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attended the deceased from At Work 22. I certify that (I) (this haspital) attended the deceased from 1960 and that in (mx) (aur) apinian death accurred an the dat and haur and from the causes stated abave. (I) (Mc) (did) (did me) view the bady after death. 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Attending Phys. 23D. ADDRESS NAME (Type) Attending Phys. 23D. ADDRESS NAME (Type) Attending Phys. 23D. ADDRESS NAME (Type) ATTENDATE SIGNED 1-24-68 23D. ADDRESS NAME (Type) ATTENDATE SIGNED 1-24-68
tificate must be a ly was released to (1) An accident of 0.A. at a hospital	DEATH (notily medical examiner) of DEATH (notily medical examiner) of Not Mile At Work 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attended the deceased from At Work 22. I certify that (I) (this haspital) attended the deceased from 1960 and that in (mx) (aur) apinian death accurred an the dat and haur and from the causes stated abave. (I) (Mc) (did) (did me) view the bady after death. 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Attending Phys. 23D. ADDRESS NAME (Type) Attending Phys. 23D. ADDRESS NAME (Type) Attending Phys. 23D. ADDRESS NAME (Type) ATTENDATE SIGNED 1-24-68 23D. ADDRESS NAME (Type) ATTENDATE SIGNED 1-24-68
Charle by Br. errificate must be a ody was released to s: (1) An accident of D.O.A. at a hospital	DEATH (notily medical examiner) of DEATH (notily medical examiner) of Not Mile At Work 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attended the deceased from At Work 22. I certify that (I) (this haspital) attended the deceased from 1960 and that in (mx) (aur) apinian death accurred an the dat and haur and from the causes stated abave. (I) (Mc) (did) (did me) view the bady after death. 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Attending Phys. 23D. ADDRESS NAME (Type) Attending Phys. 23D. ADDRESS NAME (Type) Attending Phys. 23D. ADDRESS NAME (Type) ATTENDATE SIGNED 1-24-68 23D. ADDRESS NAME (Type) ATTENDATE SIGNED 1-24-68
Charle by Br. errificate must be a ody was released to s: (1) An accident of D.O.A. at a hospital	DEATH (notify medical examiner) 21D. TIME (Manth) (Doy) (Year) (Hour) OF INJURY (APPROX.) 222. I certify that (I) (this haspital) attended the deceased fram that () (we) last saw the deceased alive an and haur and franche causes stated abave. (I) (No) (did) (did max) view the bady after death. 23A. SIGNATURE 23C. PHTSICIAN'S NAME (Type) 23C. PHTSICIAN'S NAME (Type) 24A. BURIAL CREMATION, (24B. DATE (24C.NAME of CEMETERY of CREMATORY) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
rificate must be all y was released to y was released to (1) An accident of 0. A. at a hospital	DEATH (notily medical examiner) DEATH (notily medical examiner) OF NURSING How



VS 150-REV. 1/1/6B



VS 150-REV. 1/1/6B



W-520

		MEI		XAMINER'S	CERTIFICATE OF DEA	TH REG. NO. 68-	- 1555
-	NAME OF DE						T.
(Ty	pe or Print)	EDWARD	WENECK		2. DATE Known Month OF DEATH Estimoted	Doy Yeor	
4.	PLACE IN BA	LTIMORE, MARYLAND,	WHERE PRON	OUNCED DEAD	3. DATE Month	Doy Yeor	Hour
HO	L NAME OF SPITAL INSTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC		ON, GIVE STREET	PRONOUNCED DEAD Janua 5. USUAL RESIDENCE (Where deceased	ary 18, 1968	6:30 A. N
Г	72	Baltimore C	ity Jail		A. STATE Maryland	B. COUNTY	e perore odmission)
6.	SEX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CITY MILES	
	Male	White	WIDOWED		Baltimore	YES X	ио 🗆
9.	DATE OF BIRT	TH 10.AGE lost birthd		nder 1 Yr. If Under 24 Hrs. ths Doys Hours Min.	E. STREET AND NUMBER 729 Bond Stree	et	
11.	BIRTHPLACE (State or foreign country)		CITIZEN OF	13. FATHER'S NAME		
16.	e during most of	working life, even if retired SED EVER IN U.S. ARME	14B. KIND OF	17. SOCIAL	115. MOTHER'S MAIDEN NAME	ADDRESS	
(Ye	s, no or unknowr	(If yes, give wor or dote	of service)	SECURITY NO.			
	19.57	18		CAUSE OF DEA	тн	BE	APPROXIMATE INTERVAL
	(This does theort foilure	DE OR CONDITION DIR LEADING TO DEATH not meon the mode of de, osthenio, etc. It meons the mplicotion which coused de	ying, e.g., e diseose,	(A)IMMEDIATE C DUE TO, OR A	AUSE Fatty Metamorphosi AS A CONSEQUENCE OF:	s of liver	
CERTIFICATION	DISEASES RISE TO TH UNDERLYI OTHER SIGN	NTECEDENT CAUSES OR CONDITIONS, IF AN E ABOVE CAUSE (A) ST. NG CONDITION LAST. D II NIFICANT CONDITIONS (ATH BUT NOT RELATED TO	ATING THE	(c)	AS A CONSEQUENCE OF:		
E E	DISE ASE O	R CONDITION GIVEN IN	PART I (A).				
CER	20A. DATE O	F OPERATION 20B. CC	NDITION FOR	WHICH OPERATION WA	AS PERFORMED		OPSY? (Yes or No)
MEDICAL	UNDERLYING	RNAL CAUSE WAS G OR CONTRIB- AUSE OF DEATH. (Month) (Doy) (Ye	hom (Hour) 2	e, form, foctory, street, office	in or obout 22C. WHERE DID (If in Bollin e bldg., etc.) INJURY OCCUR? 22F. HOW DID INJURY OC	nore City, give exoct location	
	23. 1 cer	TURE Charles	Inquiry U	Inspection Au	tapsy x and that an this basis	R 🔀	DATE SIGNED
RE	A BURIAL CRE MOVAL (Spec		258. NAME	OF REGISTRAR	ar CREMATORY 24D LOCATIO	City, town, or country Address	BCII

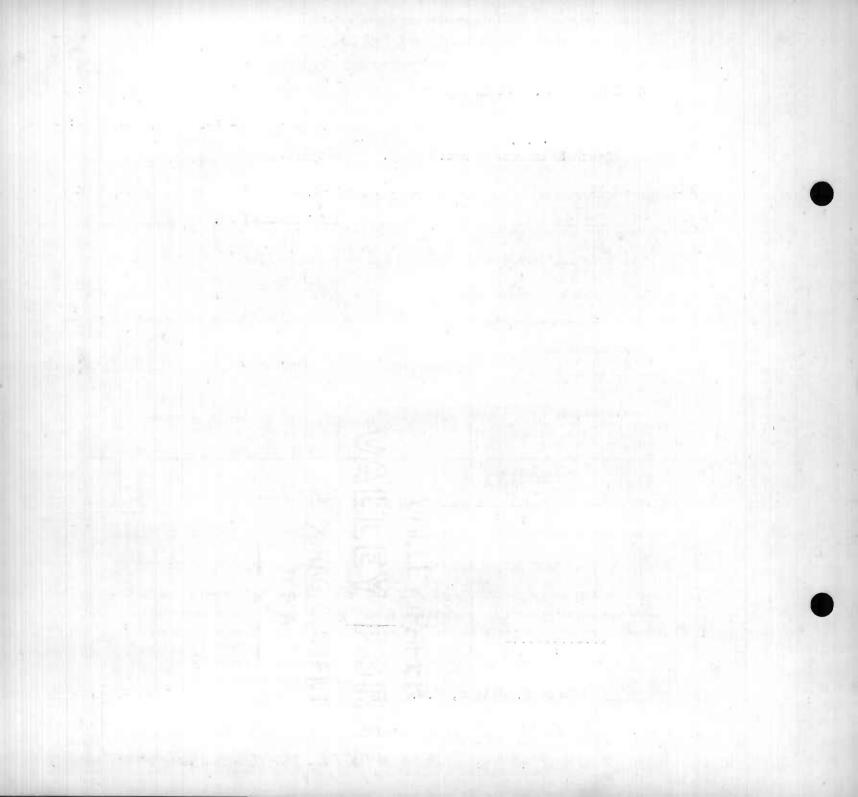
2/2/68

VS 150-REV. 1/1/6B

	68	3- 1556		Y HEALTH DEPARTMENT		68- 1556
BIRTH NO		2000	CERTIFICA	TE OF DEATH	REG. NO	
	OF DECEASED	ow,	WILLIA		HOUR OF DEATH	12.55 PM
3. PLACE	E IN BALTIMORE, MARYLAND,	WHERE PRONOUS	NCED DEAD	4. USUAL RESIDENCE (Where	deceased lived, if inst	itution: residence before admission)
FULL NA HOSPITA INSTITUTI	L OR ADDRESS OR LOG	TAL OR INSTITUT	TION, GIVE STREET	HARY LAND		E CITY LIMITS?
- 1		TY HI	SPMALS	BAUTH	rore	YES 🔀 NO 🗌
of the said	Eastern Avenue,		21227	4940 EASTER	N AVENUE BAL	TIMORE MD. 21224
5. SEX	Male White		NEVER MARRIED DIVORCED	8-91-79	AGE (In years ost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	AL OCCUPATION (Give kind of we g most of working life, even if retired		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY
13. FATHE	ER'S NAME			14. MOTHER'S MAIDEN NAM	E	
	Deceased Ever in U. S. Armed F unknawn) (If yes, give wor or do	arces? 1	6. SOCIAL SECURITY NO.	17. INFORMANT	DE CIET HOSE	ADDRESS
			215-22-4199	RECORDS: BALTIMO 4940 EASTERN A	VENUE BALT	IMORE MD. 21224
DISE	DISEASE OF CONDITION E LEADING TO DEATH does not mean the mode of foilure, asthenio, etc. Il meor y ar camplication which cause ANTECEDENT CAUSE ASES OF CONDITIONS, if to the obave cause (A DERLYING CONDITION lost,	of dying, e.g., is the disease, id death.)	AS	A CONSEQUENCE OF: ON ONSEQUENCE OF:		A 2 days?
O THE DISEA	R SIGNIFICANT CONDITIONS C HE DEATH BUT NOT RELATED TO ASE OR CONDITION GIVEN IN PA DATE OF OPERATION 1988. CO	THE TERMINAL ART 1 (A). NOITION FOR WI	Klun BPH HICH OPERATION	ent Ca of TUR: (Yes or No)	20B. IF YES. WERE FIN	NDINGS CONSIDERED
O 19 A. E	WAS PE	RFORMED		NO	IN CERTIFYING CAUS	SES OF DEATH?
OR C	ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF H (notify medical examiner)			ffice bldg., INJURY OCCUR?	(If in Baltimore	City, give exact lacotian)
21 D. 1 OF IN	NJURY	(Hour) 21E, I While Work	NJURY OCCURRED Not Whi At Wark	21 F. HOW DID INJU	RY OCCUR?	~ !
	certify that (1) (this haspit		deceosed from	1 / 4	t In(my) (our) opini	on death occurred on the date
and 1	hour and from the couses st	oted obove. (1)	(We) (did) (did not)	view the body ofter deoth.	1	
23A. S	SIGNATURE	IARIS	Dh.		taff hys.	23B. DATE SIGNED
	PHYSICIAN'S NAME (Type)	AS. A	ARIDA/	23D. ADDRESS SALTA	17× -H	DSPITALC
	IAL CREMATION, 248. DATE	24C. NAA	ME of CEMETERY OF CR	EMATORY 24D. LO	CATION (- (City,	town, an cauptyl, a [State]
KEM	NOVAL (Specify)	CX		IOHUS	INDEING A	ENCAL SCHOOL
25A. DAT	E REC'D BY HEALTH DEPT.	25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	FFR 8 1068	100 20	The The sale	N. C. C. C. L.	医亚二苯异苯甲属	

15/5/5

5-600



M-250

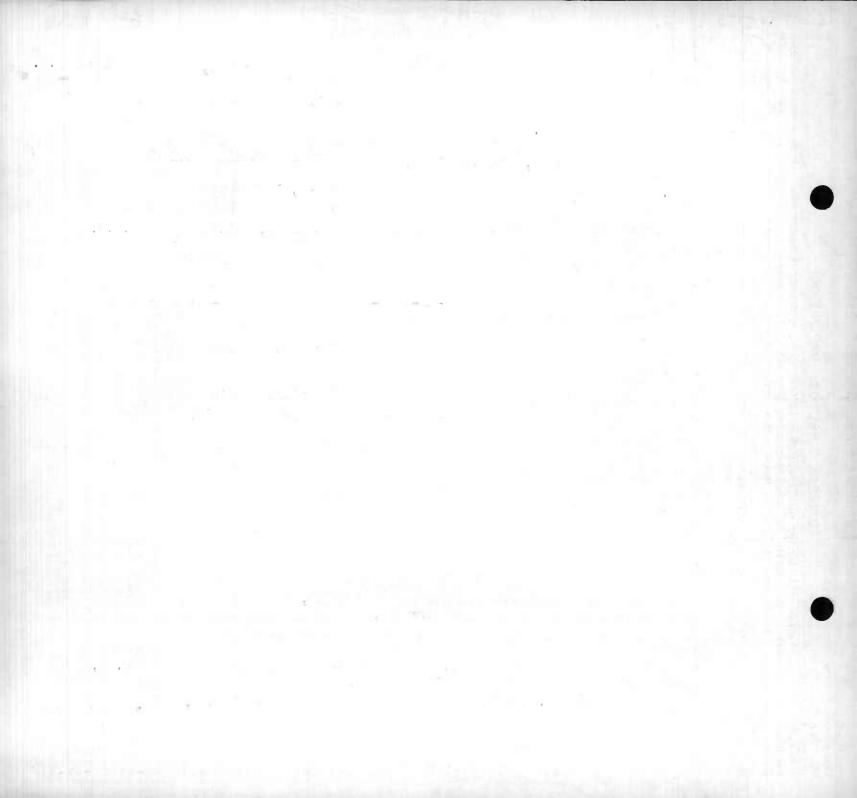
68- 1558 BALTIMORE CITY HEALTH DEPARTMENT

AAEDICAL EVA AAINED'S	69 4550
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.
1. NAME OF DECEASED	2. DATE Known Month Doy Year Hour
(Type JOSEPH LEROY MC COMAS	DEATH Estimoted & February 4, 1968 10:00 B.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour PRONOUNCED DEAD
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	February 5, 1968 9:15 Am
OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
0 C1932 Wilkens Avenue	Maryland
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INVIDE CITY LIMITS?
male white WIDOWED DIVORCED	Baltimore YES X NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	
May 3 1902 65	1932 Wilkens Avenue
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Maryland WHAT COUNTRY?	Harry McComas
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME
Laborer City sanitation	Eleanor Fillinger
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
No 216-18-430	APPROXIMATE INTERVAL
4/2.7	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteric	sclerotic Cardiovascular Disease
(A) IMMEDIATE (This does not mean the mode of dying, e.g., DUE TO, OR	CAUSE AS A CONSEQUENCE OF:
heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
I UNDERLYING CONDITION LAST.	
0	
4 22.1 II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH 8UT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OF THE RISIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	/AS PERFORMED 21. AUTOPSY? (Yes or No)
0 7	NO NO
Z2A. EXTERNAL CAUSE WAS 228 PLACE OF INJURY(e.g.	, in or about 22C. WHERE DID (If in Baltimore City, give exact location)
☐ UTING ☐ CAUSE OF DEATH.	ce bldg., etc.) INJURY OCCUR?
2 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(ADDROV)	T WHILE
23.	
1 certify that I held on Inquiry Inspection X A	utopsy ond that on this basis, death in my opinion
resulted from: Notural couses X Accident Suici	de Homicide Undetermined monner
	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE JULYUS h-7 M.	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER 2/5/68
NAME (Type)	
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY Baltimore (City, town, or county) (Stote)
BURIAL 2-8-68 Moreland Mer	morial Cem. 网络网络玻璃鱼鱼 Maryland
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
FFR 9 1968 P. O. B. E. Follows	C.F. EVANS & SON 8802 Harford Rd.

Marine Automorphic Telefores and the second Such

		00	3- 15	59 BALTIMORE CITY	TE OF DEATH	REG. NO	68- 1559
BIRT	H NO.			CERTIFICA	IE OF DEATH		
	AME OF DECI	Sister	Walbur	ga Pifher		nd hour of death	07
3. P	LACE IN BALT	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Whe	ere deceased lived, If i	nstitution: residence before admission)
HO	L NAME OF	(IF NOT IN HOSPITA	AL OR INSTIT	UTION, GIVE STREET	Maryland	Baltimore	City
NS	TUTION	Villa St.	Michae	el	Baltimore	1	YES A NO
0	10	# Baltimore			4000 Forest	Hill Road	
. S	F.	6. RACE White	7. MARRIED	NEVER MARRIED A	8. DATE OF BIRTH April 29, 1892	9. AGE (In years lost bitthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
					11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY
one		vorking life, even if refired) Stress	Sister	r of Charity	Mountpelier,	Ohio	U.S.A.
3. 1	ATHER'S NAM				14. MOTHER'S MAIDEN NA	ME	
	Lewi	s Pifher			Catherine Da	llas	
5. V res	Vos Deceased ,no or unknown)	Ever in U. S. Armed For	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	19.00	ADDRESS
	No			217-48-1274-	T Sister Andr	ea - same	address
	18.410	.91		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDITION DIE LEADING TO DEATH	RECTLY		Cardio thro	mbosis	3 days
	IThis daes n	al mean the made al			SE OUT OF:	WIDOSTS	J days
		asthenia, etc. It means plication which coused					
	injury at cam	pilcalian which cousea	death.)				
		ANTECEDENT CAUSES	death.)	(0)	Arterioscle	rosis	10 years(?)
	DISEASES O		any, giving	(B)	Arterioscle A CONSEQUENCE OF:	rosis	10 years(?)
ΕI	DISEASES Orise to the UNDERLYING	ANTECEDENT CAUSES OR CONDITIONS, iI or above cause (A) CONDITION last. II ICANT CONDITIONS CO. H BUT NOT RELATED TO TO	any, giving stoling the NTRIBUTING HE TERMINAL			rosis	10 years(?)
ATI	DISEASES Orise to the UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR CO	ANTECEDENT CAUSES OR CONDITIONS, il abave cause (A) CONDITION last.	any, giving stoling the NTRIBUTING HE TERMINAL TO LAID DITTON FOR	(c)	A CONSEQUENCE OF:	o) 208. IF YES, WERE	10 years(?)
AL CERTIFICATI	DISEASES OF CONTRIBUTION OF CONTRIBU	ANTECEDENT CAUSES OR CONDITIONS, II or above cause (A) or CONDITION last. II ICANT CONDITIONS CO- ONDITION GIVEN IN PART OPERATION 1978. CON OPERATION 1978. CON	any, giving stoling the NTRIBUTING HE TERMINAL T I (A). DITION FOR FORMED	WHICH OPERATION B. PLACE OF INJURY (e.g., in ne, form, foctory, street, of	A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE	IO years(?) FINDINGS CONSIDERED AUSES OF DEATH? pre City, give exoct locotion)
DICAL CERTIFICATION	DISEASES OF CONTRIBUTION OF CONTRIBU	ANTECEDENT CAUSES OR CONDITIONS, il or abave cause (A) or CONDITION last. II ICANT CONDITIONS CO. H BUT NOT RELATED TO TI ONDITION GIVEN IN PAR OPERATION 198. CON WAS PERI OTT WAS UNDERLYING	ony, giving stoling the NTRIBUTING HE TERMINAL T I (A). DITION FOR FORMED 21E honels. (Hour) 21E WH	WHICH OPERATION B. PLACE OF INJURY (e.g., in the form, foctory, street, of the foctory). INJURY OCCURRED the AI Not While	20A. AUTOPSY? (Yes or N NO n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	O) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICATI	DISEASES OF THE PROPERTY OF THE PARTY OF THE DEAT DISEASE OR CO. 199A. DATE OF THE PARTY OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF THE PARTY OF THE PART	ANTECEDENT CAUSES OR CONDITIONS, il abave cause (A) CONDITION last. IL ICANT CONDITIONS CO. H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 198. CON WAS PERI TI WAS UNDERLYING TING CAUSE OF medicol exominer) NO (Month) (Doy) (Year)	ony, giving stoling the NTRIBUTING HE TERMINAL T I (A). DITION FOR MED 21E honels. (Hour) 21E WH WC	WHICH OPERATION S. PLACE OF INJURY (e.g., ine, form, foctory, street, of interpretation of the interpretation	20A. AUTOPSY? (Yes or N NO n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICATI	DISEASES OF THE STATE OF THE STATE OF THE DEAT DISEASE OR COTTON OR CONTRIBUDEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	ANTECEDENT CAUSES R CONDITIONS, il abave cause (A) CONDITION last. II ICANT CONDITION S CO. H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 119B. CON WAS PERI TING CAUSE OF medical examiner) (Month) (Doy) (Year) that (1) (this haspital	any, giving stoling the NTRIBUTING HE TERMINAL I I (A). DITION FOR FORMED 21E	WHICH OPERATION B. PLACE OF INJURY (e.g., ine, form, foctory, street, of the control of the con	20A. AUTOPSY? (Yes or N NO nor obout 21 C. WHERE DID fine bldg., INJURY OCCUR? 21F. HOW DID IN.	OI 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICATI	DISEASES OF THE PROPERTY OF TH	ANTECEDENT CAUSES R CONDITIONS, il abave cause (A) CONDITION last. II CANTCONDITION S CO. H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 19B. CON WAS PERI THY WAS UNDERLYING THOM CAUSE OF medical examines) (Month) (Doy) (Year) that (1) (this haspital last saw the decease	any, giving stoling the NTRIBUTING HE TERMINAL I I (A). DITION FOR FORMED 21E	WHICH OPERATION B. PLACE OF INJURY (e.g., ine, form, foctory, street, of the control of the con	20A. AUTOPSY? (Yes or N NO nor obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	OI 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact location) 19 Inlan death accurred an the dat
MEDICAL CERTIFICATI	DISEASES OF THE STATE OF THE STATE OF THE DEAT DISEASE OR COTTON OR CONTRIBUDEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	ANTECEDENT CAUSES R CONDITIONS, il abave cause (A) CONDITION last. II CANTCONDITION S CO. H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 19B. CON WAS PERI THY WAS UNDERLYING THOM CAUSE OF medical examines) (Month) (Doy) (Year) that (1) (this haspital last saw the decease	any, giving stoling the NTRIBUTING HE TERMINAL I I (A). DITION FOR FORMED 21E	WHICH OPERATION B. PLACE OF INJURY (e.g., ine, form, foctory, street, of other street, other street	20A. AUTOPSY? (Yes or N NO nor obout 21 C. WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID IN. 21F. HOW did in.	OI 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICATI	DISEASES OF THE PROPERTY OF TH	ANTECEDENT CAUSES R CONDITIONS, il abave cause (A) CONDITION last. II ICANT CONDITION S CO. H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 19B. CON WAS PERI TO WAS UNDERLYING THING CAUSE OF medical examines) (Month) (Doy) (Year) that (I) (this haspital last saw the decease a fram the causes stat RE	any, giving stoling the NTRIBUTING HE TERMINAL I I (A). DITION FOR FORMED 21E	WHICH OPERATION B. PLACE OF INJURY (e.g., inne, form, foctory, street of the price of the deceased from January 30, of the deceased	20A. AUTOPSY? (Yes or N NO no obout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID IN. 21F. HOW DID IN. 21F. How death. 1968 and the bady after death. 1968. Med. Director	O) 20B. IF YES, WERE IN CERTIFYING C. (If in Boltimo JURY OCCUR? 19 68 ta	FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact location) 19 Inlan death accurred an the data

7-68 Seton 258. NAME OF REGISTRAR 21215 ADDRESS Stewart & Mowen Co. 108-W-North-Av. 21201 VS 150-REV. 1/1/6B



VS 150-REV. 1/1/6B

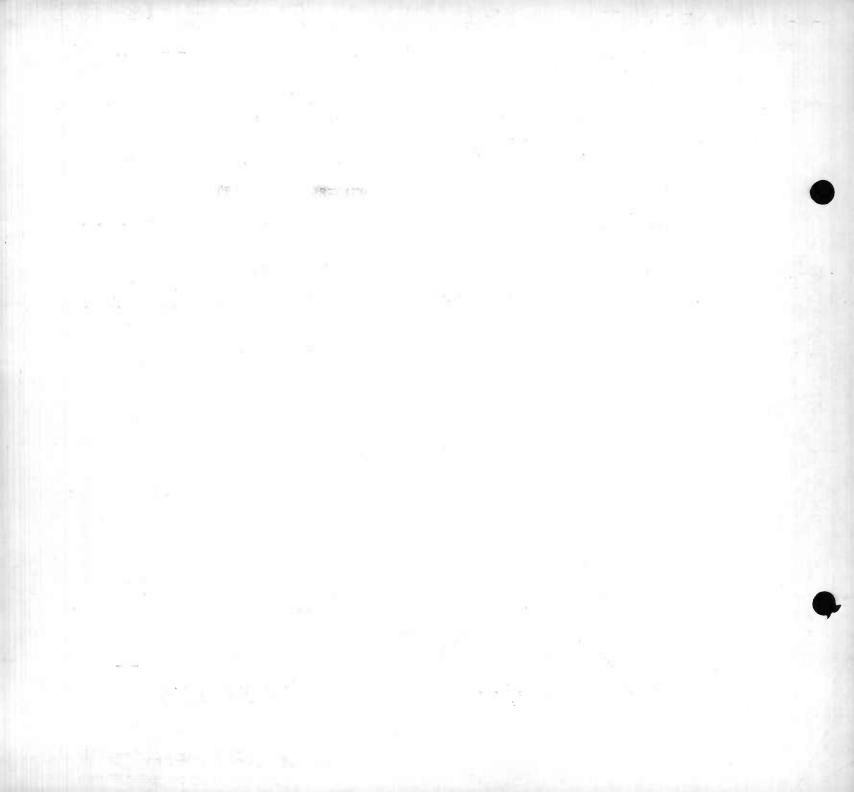
Higinbethon - Slack

ADDRESS 106 Columbia Rd

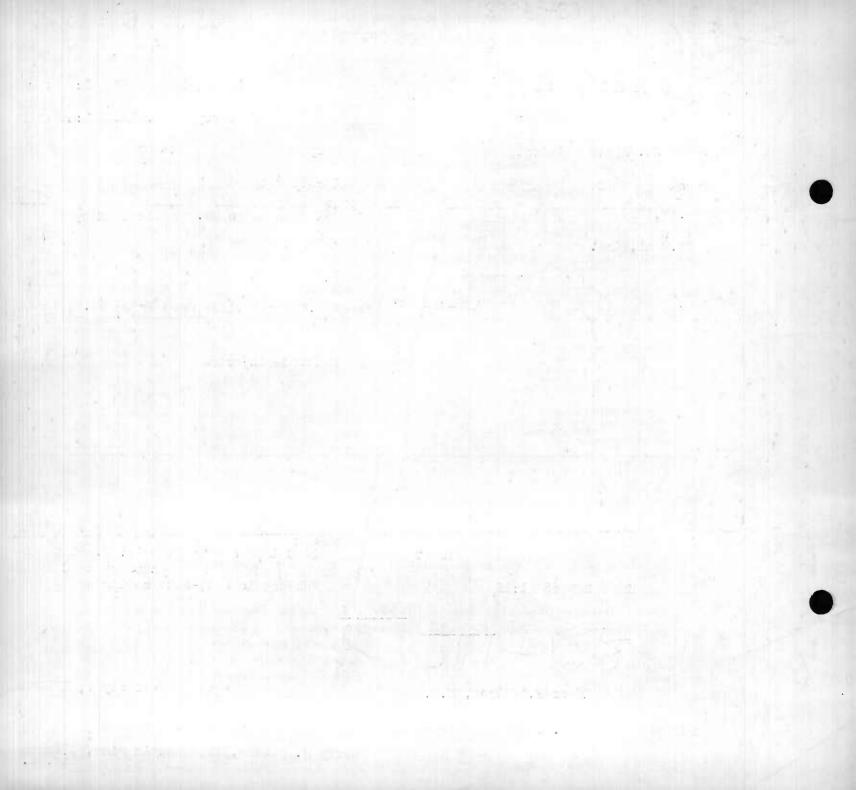
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Letter from Maryland General Hospital 2-13-68 M.H.

G-1	00	1501	BALTIMORE CITY	HEALTH DEPARTMENT		68- 1561	
9-0	7 00	- 1561	CERTIFICA	TE OF DEATH	REG. NO.	00 1001	L.
BIRTH NO.			CLKTITICA				
I, NAME OF DEC Type or Print)	EASED	Coice	/ MILDRED	GRIFFIN 2. DATE A	NO HOUR OF DEATH	68 1:30 PM 3	D o
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MILDRED	GRIFFI	N		2/7/62	1 /-	PM
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOUNCE	D DEAD	4. USUAL RESIDENCE (Wh	ere deceased lived. If in	stitution; residence before	odmission)
	TIRDOU IN TOIN 311	AL OF INSTITUTON	CIVE STREET	MARYLAND		62	1
FULL NAME OF	ADDRESS OR LOCA	AL OR INSTITUTION	, GIVE STREET	C. CITY OR TOWN	In INISI	DE CITY LIMITS?)
	LTIMORE CITY			BALT IMORE	D. 11431	YES NO X	7
5, 494	O EASTERN AV	enue		E. STREET AND NUMBER	<i>x</i> 0	153 140 1	J
3 / BAI	LTIMORE, MARY	LAND #2122.	4	The state of the s	DOTTE BOLD	#21222	
				114 SOLIERS	POINT ROAD		1 04 11
SEX	6. RACE	7. MARRIED N	EVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Un Months Doys Hours	der 24 Hrs.
FEMALE	NEGRO	WIDOWED	DIVORCED [9-18-88	79		
	UPATION (Give kind of world	108. KIND OF BUSI	NESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT	COUNTRY
_	working lite, even if retired)			VIRGINIA		U. S.A.	
Domestic							
3. FATHER'S NA	VIE.			14. MOTHER'S MAIDEN NA	IME .		
ALEX BAN	KS			NANCY MIL	FC		
5. Wos Deceased	Ever in U. S. Armed For		OCIAL	17. INFORMANT TO A TOTAL	LODE OTHER NA	ADDRESS	
	(If yes, give wor or dote		ECURITY NO.	THE CUITO :			137
no		213	3-28-2946A	4940 E	ASTERN AVE.,	BALTO.,MD.#21	224
18. 4 3	3,91		CAUSE OF DEATH	H T		APPROXIMATE BETWEEN ONSET	
DISEAS	SE OR CONDITION DI	RECTLY				DET WEEK ONSE	AND DEATH
	LEADING TO DEATH		· · · · · · · · · · · · · · · · · · ·	ISE arteurosc	Pronis		
(This daes n	at mean the made af	dying, e.g.,	(A) IMMEDIATE CAU	A CONSEQUENCE OF:			
	asthenia, etc. It means						
	aplication which caused			0111	1.	14.	
	ANTECEDENT CAUSES		(8)	Cerebral to	umkosis	192.	
DISEASES C	OR CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:			
	a bove cause (A) G CONDITION last.	stating the	4-1				
UNDERLTING	G CONDITION last,		(C)	***************************************			
- 332/	× II		Urenous til	el infection			
	TICANT CONDITIONS CO		/	properties			
DISEASE OR C	ONDITION GIVEN IN PAR						*********
19A. DATE OF	OPERATION 198. CON	DITION FOR WHICH	H OPERATION	20A. AUTOPSY? (Yes or N	O) 20B. IF YES, WERE	FINDINGS CONSIDERED	
19A. DATE OF	WAY LEK	PORMED		NO	III CENTIFILING CA	USES OF DEATH:	
U 21A. ACCIDE	NT WAS UNDERLYING] 218. PLAC	E OF INJURY (e.g., i	n or about 21C. WHERE DID	(If in Boltimor	e City, give exact location	}
	TING CAUSE OF medical examiner	home, for	m, foctory, street, of	fice bldg., INJURY OCCUR?			
U	medicor examiner						
21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21E. INJU	JRY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
(APPROX.)		White At	Not White			,	
		Work			1.0	1-4	10
22. I certify	that (1) (this haspito	l) ottended the de	ceased from	1/16/7	19 6 to	df IF	19 60
that (1) (we)	last sow the decease	ed olive an	2/7	19 2 ond t	hot in (my) (our) opi	nion deoth occurred a	on the date
and have an	d from the course sto	Ad above (I) (We	a cara cara sea	iew the body after death.			
23A. SIGNATU		19d dbove. (1/ 1/2/e) (did) (did-nor) v	rew the body after death.	·	23B. DATE SIGNED	
23A. SIGNATO	me O Mi	Kilm A	n.h	adina D Mad D	Cault Car		
	your or	,00011	DEGREE Phys	nding Med. Director	Staff Phys.	2-7-68	
23C. PHYSICIA	N'S TORT MITT	DM M D		23D. ADDRESS AOAO EA	ASTERN AVE.,	a Hon	224
NAME (T	111	un, M.D.	8	3-4	little black	- But	Illd
	(NOECTH	VRM M.	DEGREE	pour	and theol	1 John	1000
REMOVAL	Specify)		OF CEMETERY OF CRE			ty, town, or county)	(State)
Burial	2-12-6	8 Mt. Ca	alvary Ceme	tery A.	A. Co., Mary	land	
SA. DATE REC'D	BY HEALTH DEPT.	25B. NAME OF RE	GISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS	
The state of			-	Marchall W	Jones Harro	rd Ave. 27212)
	1968 1	17 Po 15 At	1.170,128	Haranari W.			
/S 150-REV. 1/1/6	68			0 3 -0			



The state of the s	BALTIMORE CITY HEALTH DEPARTMENT 68-1562							
W 33	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.							
\-\ \-\ \-\ \-\ \-\ \-\ \-\ \-\ \-\ \-\	BIRTH NO.							
-0	1. NAME OF DECEASED. (Type or Print) (Marian McGuckin) Offt 2. DATE Known \(\) Month Day Year Hour OF							
13	MARTON McGUCHIN DEATH Estimated 2 7 68 2:30 a M.							
() - 1	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy Yeor Hour PRONOUNCED DEAD							
	HOSPITAL ADDRESS OR LOCATION) February 7 1968 2:30 a M.							
	5. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE B. COUNTY							
	St. Agnes Hospital Maryland Howard							
	6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS?							
	Femmele White WIDOWED DIVORCED Ellicott City YES NO XX							
	9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Months; Doys; Hours; Min. 1231							
	Dec.13,1909 59 XXX Owen Brown Rd. Ellicott City							
	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF St. Paul. Minn. 13. FATHER'S NAME Achilles Sladek							
	14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired)							
	Housewife Marian							
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) 474-01-1550 Frank M. McGuckin 1231 Owen Brown Rd. Ellicott							
	Tes morra nar ii							
	19. CAUSE OF DEATH APPROXIMACTING EVAL BETWEEN ONSET AND DEA							
	DISEASE OR CONDITION DIRECTLY							
	LEADING TO DEATH (A)IMMEDIATE CAUSE Multiple injuries (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF							
	heori failure, osthenio, etc. It meons the diseose, injury or complication which coused death.)							
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:							
	KISE TO THE ABOVE CAUSE (A) STATING THE							
	UNDERLYING CONDITION LAST. (C)							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
	_ TO THE PERMIT OF THE TERMINATE							
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No)							
	YES 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g., In or obout 22C. WHERE DID (If in Boltimore City, give exact location)							
	UNDERLYING FOR CONTRIB- home, form, foctory, street, office bldg., etc. INJURY OCCUR?							
	UTING CAUSE OF DEATH. Street Old Colombia Pike 600 ft. S. of South 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY OCCUR? entrance to Colomb:							
	OF INJURY ENLIGHCE TO COLOMD.							
	(APPROX.) 2 2 68 1:15 WORK Subject in auto-auto collision							
	I certify that I held an Inquiry 🗍 Inspection 🗌 Autopsy 🗓 and that an this basis, death in my apinion							
	resulted fram Natural causes Accident Suicide Hamicide Undetermined manner							
	CHIEF MEDICAL EXAMINER							
	ACTUAL ASSISTANT MEDICAL EXAMINER X							
	SIGNATURE M.D. EXAMINER'S ASSOCIATE MEDICAL EXAMINER							
	NAME (Type) EdwardF. Wilson, M.D. February 7, 1968							
	24A BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, lown, or county) (Stote)							
	ADDRESS							
	Harry H. Witzke, 321 Columbia Pike, Ellicott							
	Orty , Mas							



12. CITIZEN OF WHAT COUNTRY? U.S.A. Briarwooderstand APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH (If In Baltimare City, give exact location) 19 68 ond that in (my) (our) opinion death accurred on the date 23B, DATE SIGNED 02/08/68 BALTO, MD 21229 HOSP: CATON & WILKENS AVES. (City, town, or county) 101 Edmondson Baltimore.

NOX

Hours

If Under 24 Hrs.

VS 150-REV. 1/1/68

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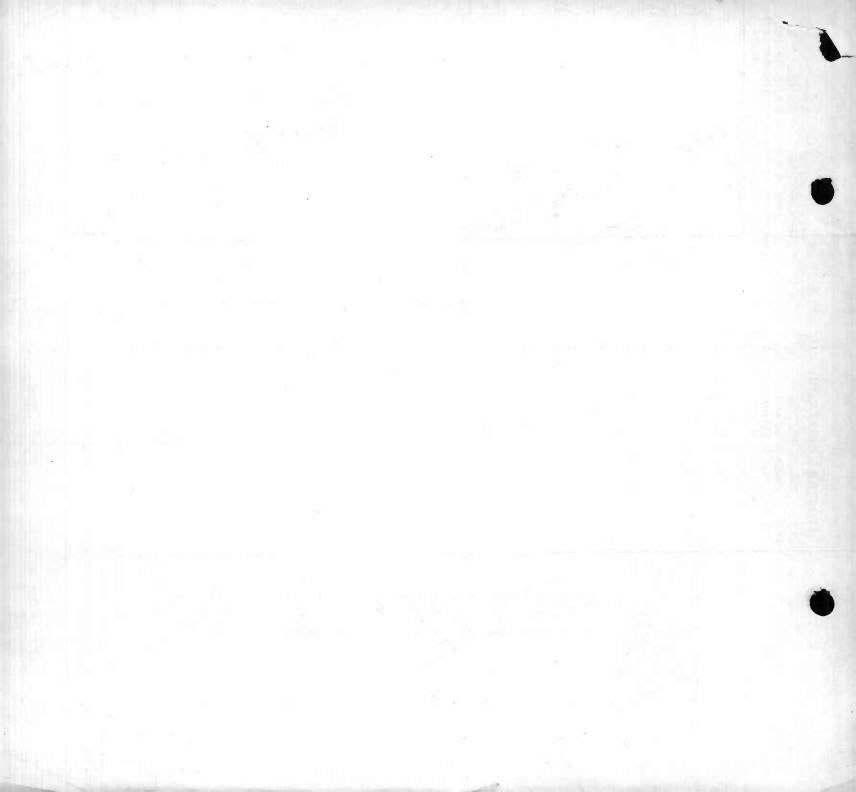
68	1564	BALTIMORE CITY H	HEALTH DEPARTMENT			
	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH,	DI

MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH 550 NO. 1564
BIRTH NO.	REG. NO.
NAME OF DECEASED	2. DATE Known X Month Doy Year Hour
Type or Print) DAVID DOBSON	OF DEATH Estimoted February 7 68 1:10 a M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	February 7, 1968 1:10 a M. 5. USUAL RESIDENCE (Where deceosed lived. If Institution: residence before admission)
10,000	A. STATE B. COUNTY
2520 Edgecombe Circle Apt. 202	Maryland C. City or town D. Inside City Limits?
5. SEX 7. RACE 8. MARRIED NEVER MARRIED	D. INSIDE CITY LIMITS?
Male Colored WIDOWED DIVORCED	Balto. YES X NO
P. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.	E. STREET AND NUMBER
Jan. 19, 1986 32	2520 Edgecombe Circle Apt. 202 2/-/6
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
1307 Edmondson Ave. WHATSAUNTRY?	Rev. Spencer Griffin Dobson
4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY	
one during most of working life even if retired)	
	Estella Cook
6. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give wor or doles of service) Yes 1958 - 1960 212 32 33	18. INFORMANT ADDRESS
Yes, no or unknown) (If yes, give wor or doles of service) Yes 1958 - 1960 212 32 33	Harold L Dobson 3603 Ellamont Rd.
19. E 9 A 9. CAUSE OF DEA	APPROXIMATE INTERVAL
C/3 9.71	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	CAUSE / Ingestion of Barbiturates
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Injury or complication which coused death.)	and alcohol
ANITECEDENT CAUSES	
ANTECEDENT CAUSES DISEASES OR CONDITIONS IF ANY GIVING DUE TO, OR	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE LINDERLYING CONDITION LAST	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE LINDERLYING CONDITION LAST	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE LINDERLYING CONDITION LAST	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE LINDERLYING CONDITION LAST	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE LINDERLYING CONDITION LAST	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No) yes
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W. 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	AS PERFORMED 21. AUTOPSY? (Yes or No) Yes in or obout 22C. WHERE DID (If In Boltimore City, give exact location)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W. 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.	AS PERFORMED 21. AUTOPSY? (Yes or No) Yes in or obout 22C, WHERE DID (If In Boltimore City, give exact location) te bidg., etc.) INJURY OCCUR?
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS UNDERLYING OR CONTRIBUTING CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 222A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. WINDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH. 222B. PLACE OF INJURY (e.g., home, form, foctory, street, official cause of DEATH. 222C. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT WORK AT AT WORK	AS PERFORMED 21. AUTOPSY? (Yes or No) yes
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., home, form, foctory, street, officions, form, form, form, foctory, street, officions, form,	AS PERFORMED 21. AUTOPSY? (Yes or No) yes
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W. 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 2 7 68 1 m. WORK NOT AT WORK 1 certify that I held on Inquiry Inspection Au	AS PERFORMED 21. AUTOPSY? (Yes or No) yes in or obout 22C. WHERE DID (If In Boltimore City, give exact location) 2520 Edgecombe Circle (N) Apt. 202 22F. HOW DID INJURY OCCUR? WHILE WORK and that on this basis, deoth in my opinion
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., home, form, foctory, street, officions, form, form, form, foctory, street, officions, form,	AS PERFORMED 21. AUTOPSY? (Yes or No) yes in or obout 22C. WHERE DID (If In Boltimore City, give exact location) 2520 Edgecombe Circle (N) Apt. 202 22F. HOW DID INJURY OCCUR? WHILE WORK and that on this basis, deoth in my opinion
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W. 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 2 7 68 1 m. WORK NOT AT WORK 1 certify that I held on Inquiry Inspection Au	AS PERFORMED 21. AUTOPSY? (Yes or No) yes
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W. 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., home, form, foctory, street, office the control of the co	AS PERFORMED 21. AUTOPSY? (Yes or No) yes
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. WINDERLYING OF CONTRIBUTING OF INJURY (e.g., home, form, foctory, street, office of INJURY (APPROX.) 27. 68 1 m. WORK ON THE WORK OF INJURY OCCURRED WHILE AT WORK AT WORK OF INJURY (APPROX.) 23. I certify that I held on Inquiry Inspection Au resulted from: Notural causes Accident Suicide ACTUAL SIGNATURE	AS PERFORMED 21. AUTOPSY? (Yes or No) yes
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W. 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 2 7 68 1 m. WORK AT NOT AT WORK AT AT WORK 23. I certify that I held on Inquiry Inspection Auresulted from: Noturol causes Accident Suicic Science Scienc	AS PERFORMED 21. AUTOPSY? (Yes or No) yes in or obout 22C. WHERE DID (If In Boltimore City, give exact location) te bldg., etc.) 1NJURY OCCUR? 2520 Edgecombe Circle (N) Apt. 202 22F. HOW DID INJURY OCCUR? WHILE VORK And that on this basis, deoth in my opinion de X Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER February 7, 1967 or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W. 22A. EXTERNAL CAUSE WAS UNDERLYING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.JNJURY OCCURRED OF INJURY (APPROX.) 2 7 68 m. WORK AT	AS PERFORMED 21. AUTOPSY? (Yes or No) yes
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VS 150-REV. 1/1/68



FUNERAL DIRECTOR: IMPORTANT

	F 1 mm 1 GR - 1	SOO BALTIMORE CITY	HEALTH DEPARTMENT		
	G-65/ 68-1	CERTIFICA	TE OF DEATH	REG. NO	68 1566
	rpe or Print) Nathan G	BEENFIEL	2. DATE AN 2 -	5- 68	12,40 P. M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. Il i	nstitution: residence before admission)
H	ULL NAME OF (IF NOT IN HOSPITAL OR IN OSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	A . 4	l firmong	INE CITY HIMITS!
11	LEVINDALE AGED HOME		Balfimore	2711 POIDIU	YES K NO
1			Lewis Market Mar	EXECULAR EXECUTE	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
		RIED NEVER MARRIED	1001	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
		WED DIVORCED	3-25-1891	76	
dor	A. USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or farei	gn country)	12. CITIZEN OF WHAT COUNTRY?
		HARRIS & CO.	Kuma		USA
13.	FATHER'S NAME	7,111120 0 00	14. MOTHER'S MAIDEN NAM	AE	
	? GREENFIELD		Leah?		
15. (Ye	Wos Deceased Ever in U. S. Armed Forces? s,no oi unknown) (If yes, give woi or dates of seiv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT		1618 ADDRESS
	YES W.W. I		Mrc. Erther Mos	homberg/	6618 Sanzo Afri.C.
F	1B. 4/1	CAUSE OF DEATI			APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		Dan Lab		20-
	(This does not mean the made of dying,	(A)IMMEDIATE CAU		emiona	> days
	hearl failure, asthenio, etc. It means the dise		A CONSEQUENCE OF:		V
	injury or complication which caused death.)	A	+ CVD2	CVA	144000
	ANTECEDENT CAUSES	(8)			1 1 3 .
	DISEASES OR CONDITIONS, if any, ginse to the above cause (A) stating UNDERLYING CONDITION tast.	9	A CONSEQUENCE OF:		
	422 1 11	(С/			
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			COLUMN TO THE PARTY.
ATION	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).				
CERTIFICA	19A. DATE OF OPERATION 19B. CONDITION F	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., in hame, lorm, loctory, street, of etc.)	or about 21C. WHERE DID injury OCCUR?	(If In Boltimor	re City, give exact location)
NED!	21 D. TIME (Month) (Day) (Year) (Haur) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
×	(APPROX.)	While At Not While At Work			
	22. I certify that (1) (this hospital) attend			9 66 to	2-5- 1968.
	that (1) (we) lost sow the deceased alive				nion death occurred on the date
	ond hour and from the couses stated above			(35.7)	assum seconed on the dole
	23A. SIGNATURE	(did not) v	iem ine body offer deoth.		238, DATE SIGNED
	1 day	Atte	nding Med.	Shaff Ta	
	23C. PHYSICIANS	DEGREE Phys	. Director	Staff Phys.	2-7-68
	NAME (Type) JOSE ARD	AIZ MD	7 OBEBLIN (OURT TO	40 SIS. pm, 402 W
244	A. BURIAL CREMATION, 248. DATE 24	C. NAME of CEMETERY OF CRE	MATORY 24D, LC	CATION (C	ity, tawn, ar caunty) (Stote)
	BURIAL 2-7-68	MIKRO KODESH	DAI	TIMADE MAD	PVIAND
25△		ME OF REGISTRAR	25C. FUNERAL DIRECTOR	TIMORE, MAR	ADDRESS
1	1968 R.O	Je J. E. Jallema		BROS., 601	O REISTERSTOWN ROAD
VS	150-REV. 1/1/6B			-	

on the second of the second Line and the second الأرار والمحالة المحاردية المفارد أو المسارة سيمسى Mrs. white Machandery / Et. 17, 5 - 1 - 6 ALOVD TOTH LE MEDRIC THE MINNEY OF CH. STRUKE WAS

BALTIMORE CITY HEALTH DEPARTMENT

NO

Hours

U.S.A.

APPROXIMATE INTERVAL

ADDRESS

admission

Il Under 24 Hrs. Hours : Min.

VS 150-REV. 1/1/6B

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IMPORTANT DIRECTOR:

FUNERAL

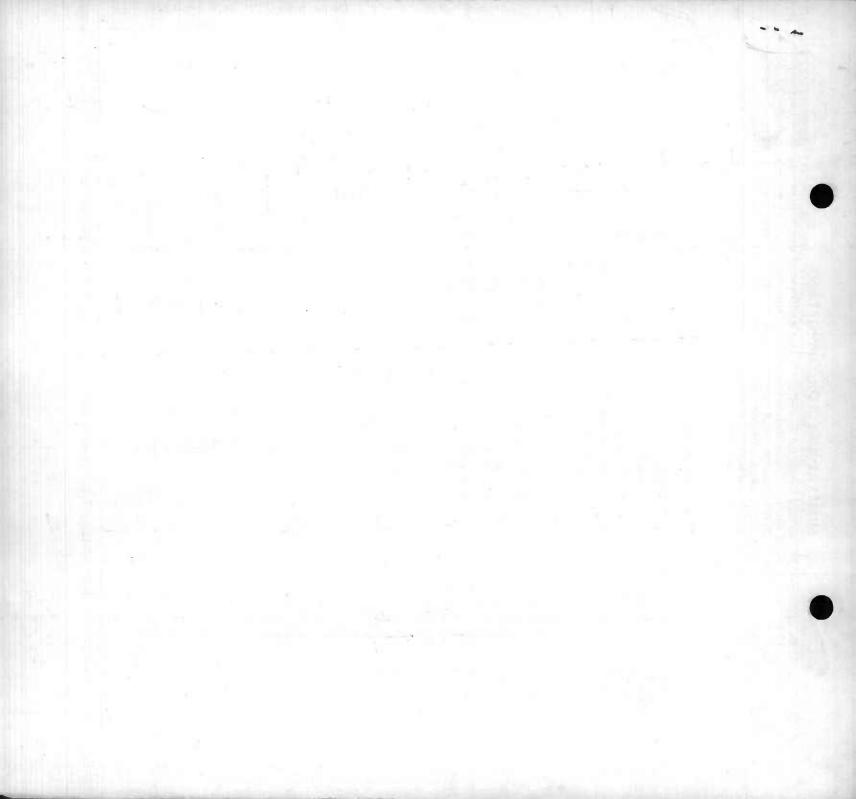
(If In Baltimore City, give exact location)

19 68

Feb 5, 1968

(City, town, or county)

ADDRESS



a hospital and

L-150 68-	1.558	TE OF DEATH	REG. NO	68- 1568
BIRTH NO.	CERTIFICA		ND HOUR OF DEATH	
Type or Print) SYLVIA B. LEV	IN	2-	7-68	13:55 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	A. STATE B. COUN	AII	nstitution: residence before admissio
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INS	DE CITY LIMITS?
FRANKLIN SQUARE	HOSPITAL	BALTIMON	4	YES NO
36	WOSPI INC	E. STREET AND NUMBER	FORDLE 10	SA ROAD
T 1. (UTTE	ARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 7-4-16	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, K		11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNT
done during most of working life, even if retired)	AT HOME	BALTINOSSE,	mp.	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
SAMUEL BUDEN		ANNA	,	
S. Was Deceosed Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of s	ervice) 16. SOCIAL SECURITY NO.	17. INFORMANT DAL	ID LEVINGA	114 FORDLEIGH ROAT
NO	CAUSE OF DEAT		(VSVId) CO. C. POCO	APPROXIMATE INTERVAL
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stotin UNDERLYING CONDITION lost,	9, , , , ,	A CONSEQUENCE OF:		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TER	MINAL	,		
DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A-DATE OF OPERATION 19B. CONDITION WAS PERFORME	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicot exominer)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exoct locotion)
21D.TIME (Month) (Doy) (Year) (Hou OF INJURY (APPROX.)	While At Not Whil		URY OCCUR?	
	Work L At Work		19 68 to 2	- 7 19 6
22. I certify that (I) (this haspital) atte	2 - 7 /	C 00		inlan death accurred an the d
and have and from the causes stated ab	oave. (1) (We) (did) (dld nat)	riew the bady after death.		
23A. SIGNATURE ALL BULL ALL LESS AND ALL	/ // / DL.	ending Med.	Staff	23B. DATE SIGNED 2 - 7 - 8 C
23C.PHYSICIAN'S NAME Type	OEGREE Phy	23D. ADDRESS	Phys. Chican	then In
MUBEN V. C.	and My DEGREE	THINKUX	Square	2 MONI IM
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of CR	EMATORY 24D. L	OCATION (C	ity, town, or county) (State
RIPTAI 2-9-68	RETH EL MEMODIAL	01011	ITTHODE MAT	OVI AND

VS 150-REV. 1/1/6B

25A. DATE REC'D BY HEALTH DEPT.

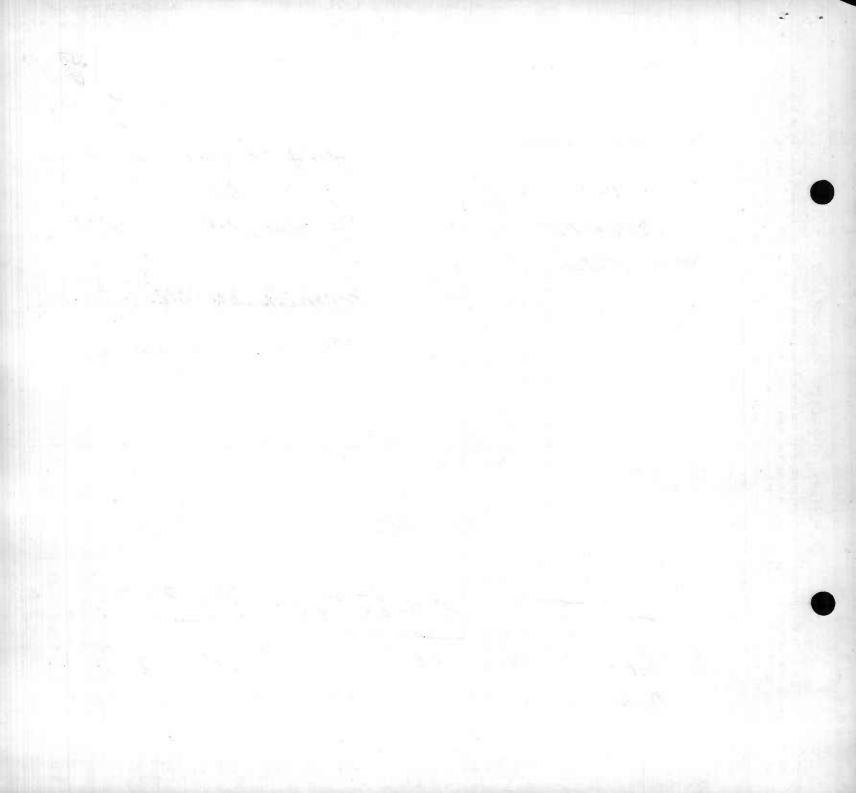
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258. NAME OF REGISTRAR

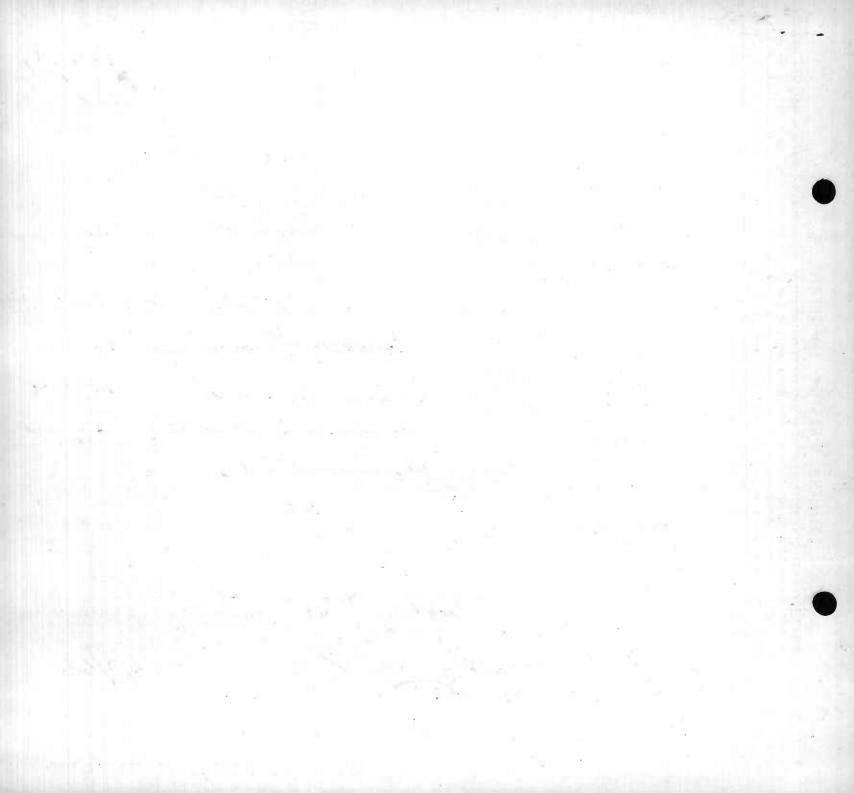
ADDRESS

25C. FUNERAL DIRECTOR

LEVINSON & BROS., 6010



VS 150-REV. 1/1/6B



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the body shows:

of death

cause

hospital

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Su

death.

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attend 9 BIRTH NO

(Type or Print)

I. NAME OF DECEASED

8	1570	BALTIMORE	CITY	HEALTH	DEPART
0	TOIL		-		

WRIGHT

CER	TIF	TF.	OF	DE	ATH	

RTMENT		00	1 = 1010			
EATH	REG. NO.	75-	1570			
2. DATE AN	NO HOUR OF DEATH					
Te	R. 11 1	9601	1200 NM			
B. COUN	re deceased lived. If in:	and a	12 NM. sidence before admission)			
2			1-01			
VN _	D. INSI	DE CITY LIA	AITS?			
le	10	YES 🔀.	NO 🗌			
NUMBER	n 1					
-5	Belivoo	e . (ene			
07	9. AGE (In years last birthday)	If Under Months	Yr. If Under 24 Hrs. Days Hours Min.			
(State or fore	ign country)	12. CITIZ	EN OF WHAT COUNTRY?			
a.		6	15A			
MAIDEN NA	ME					
rica BROCKI						
			ADDRESS			
DRIGHT	1 4025 BEL	800 m	Ave 21206			
Of ful Em	uctive		APPROXIMATE INTERVALETWEEN ONSET AND DEATH			
E OF:						
Y? (Yes or No	20B, IF YES, WERE FIN CERTIFYING CAL	INDINGS USES OF D	CONSIDERED EATH?			
HERE DID	(If in Baltimore	City, give	exact location)			
LNI DID WC	URY OCCUR?					
	1962 to 7	eh	C/ 1945.			

4. USUAL REST 3. PLACE IN BALTIMORE MARYLAND. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) CITY OF TOY E. STREET AND 5. SEX 6. RACE B. DATE OF BIR 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S 15. Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknown) (If yes, give war ar dates of service) 7. INFORMAN 6. SOCIAL SECURITY NO. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This daes not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE heart failure, asthenia, etc. It means the disease, injury or camplication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving the abave cause (A) stating the UNDERLYING CONDITION last. П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A) 9A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPS WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in or about 21C. Whome, form, factory, street, office bldg., INJURY OR CONTRIBUTING CAUSE OF MEDICAL DEATH (natify medical examiner) 21 D. TIME (Month) (Day) (Year) (Hour) 21F. HC 21E. INJURY OCCURRED OF INJURY Not While While At (APPROX.) At Work Work 22. I certify that (1) (this haspital) attended the deceased from 196 that (I) (we) last saw the deceased alive an... and that in (my) (aur) apinion death accurred on the date and haur and fram the causes stated abave. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Staff Director Phy s 23 C. PHYSICIAN'S NAME (Type) 23D. ADDRESS

25B. NAME OF

VS 150-REV. 1/1/6B

25A. DATE REC'D. BY HEALTH DEPT.

24A. BURIAL CREMATION, REMOVAL (Specify)

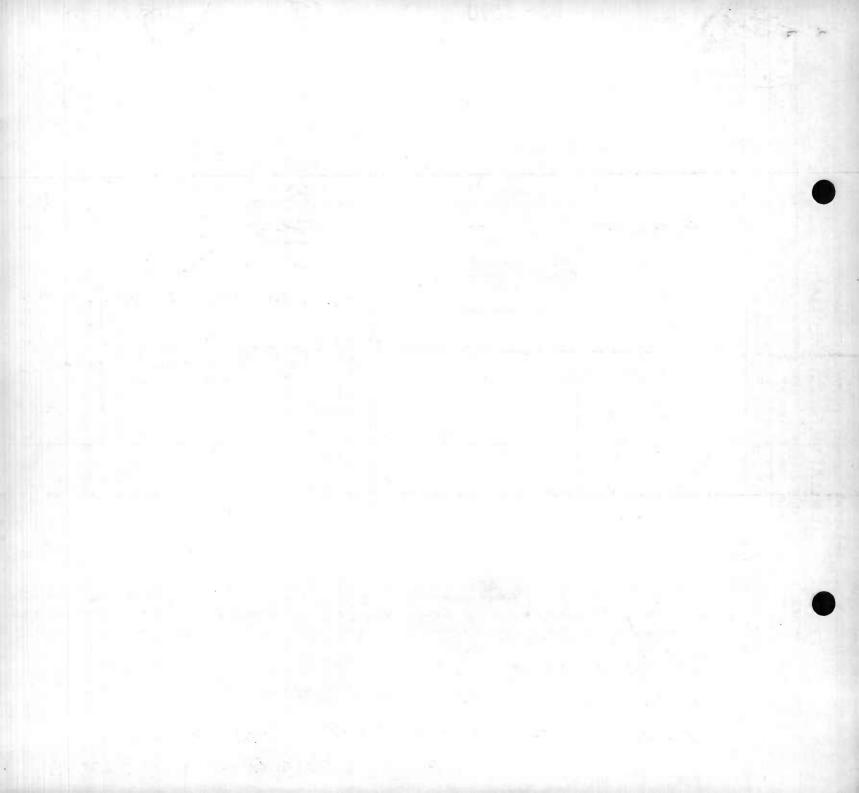
BURIAL

or CREMATORY

24D. LOCATION

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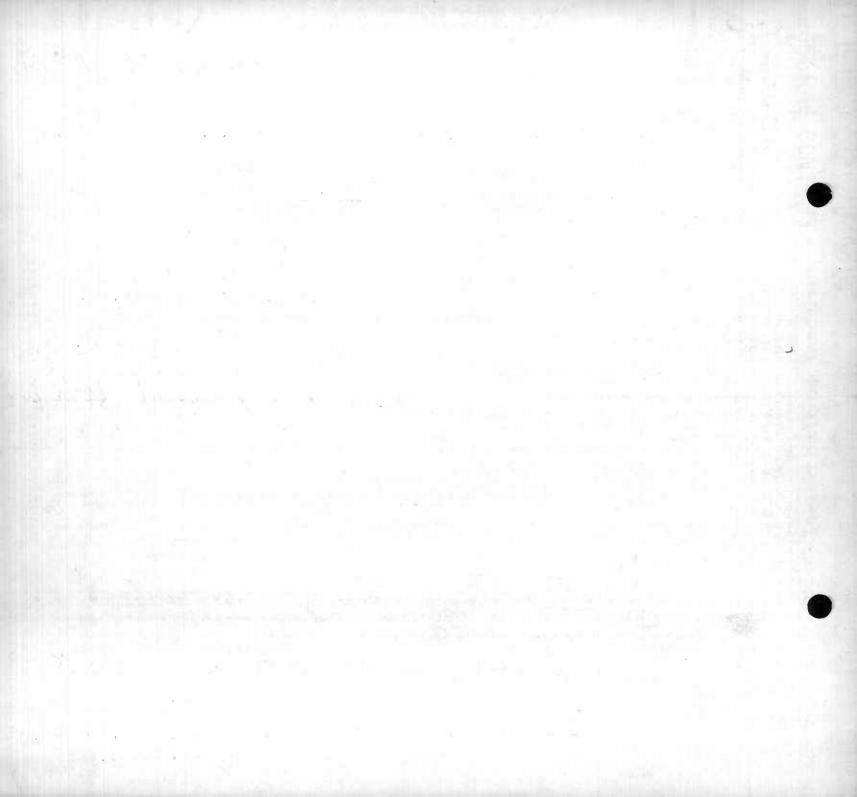
(City, lawn, at county)



F	A	M	Ef	ND	とり	2-16-68

MEDICAL EXAMINER 5 C	LEKTIFICATE OF DEATH REG. NO. 1071						
BIRTH NO. 1. NAME OF DECEASED	2. DATE Known X Month Day Year Hour						
(Type or Print)	OF						
Edith LEVON STASZAK 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted 2 6 1968 12:10pm. 3. DATE Month Doy Yeor Hour						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD						
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)						
2 /	A. STATE B. COUNTY						
City Hospital	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?						
MARKIED LI INEVER MARKIED LI	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
M Female White WIDOWED DIVORCED	Balto. YES X NO L						
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER						
12-23-1925 1926 41 42-	323 Hornel St.						
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME						
Virginia	Wilce Flowers						
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME						
housewife	Mary Ridgeway						
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	18. INFORMANT ADDRESS						
(Section of the sect	Edward Staszak 323 Hornel Street						
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL						
DISEASE OR CONDITION DIRECTLY	SETTLET OTHER AND SEATH						
LEADING TO DEATH (A)IMMEDIATE C	AUSE Gastro-intestinal bleeding						
	AS A CONSEQUENCE OF:						
injury or complication which coused death.)							
ANITECEDENIE CANCEC							
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR AS A CONSEQUENCE OF: DISEASE OR CONDITIONS, IF ANY, GIVING DUE TO, OR AS A CONSEQUENCE OF:							
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W/							
TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)						
Ball of or annoted and the contained of							
- M	YES						
UNDERLYING OR CONTRIB-	in or obout 22C. WHERE DID (If in Boltimore City, give exact location) bldg., etc.) INJURY OCCUR?						
OF INJURY							
m. WORK AT WORK							
23. I certify that I held an Inquiry Inspection Autapsy X and that an this basis, death in my apinian							
resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner							
CHIEF MEDICAL EXAMINER							
ACTUAL ASSISTANT MEDICAL EXAMINED TO DATE SIGNED							
SIGNATURE C. M.D.							
NAME (Type) Edward F. Wilson, M.D.							
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stole)							
REMOVAL (Specify) Payrical 2-0-1069 Relationer Manual Relatione							
Burial 2-9-I968 Baltimore National Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 125B. NAME OF REGISTRAR 125C. FUNERAL DIRECTOR ADDRESS							
ZOA. DATE REC D DI FIEALIFI DEFT. ZOB. IVAME OF REGISTRAR ZOC. PUIVERAL DIRECTOR ADDRESS							
FEB 9 1968 Colub E. To De Malter Dabrowski 1005 Dundalk Avenue							

Distribute a sum forting to the contract of th



68- 1573 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.68- 1573 BIRTH NO 1. NAME OF DECEASED DATE Known | Month Day Yeor Haur (Type or Print) OF KNOX January 29, 1968 BRADFORD Estimoted _ 3:20 P.M. DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Month Doy Hour PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET January 29, 1968 3:20 P.M. HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) UNIVERSITY HOSPITAL A. STATE B. COUNTY Maryland 6. SEX 7. RACE C. CITY OR TOWN D. INSIDE CITY LIMITS? 8. MARRIED NEVER MARRIED Male Negro Baltimore WIDOWED __ DIVORCED 9. DATE OF BIRTH E. STREET AND NUMBER 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. lost birthdoy) 44 Months | Doys | Hours | Min. 117 N. Pine Street 0/25/25 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? Will Knex 14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) Annie Mae Jones 18. INFORMANT 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL ADDRESS SECURITY NO (Yes, no or unknown) (If yes, give wor or dotes of service) Mr Bernard Knox. 37 N Morley St. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Bronchopneumonia LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: Cirrhosis of Liver ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 0 5810 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Compound Fracture, right ankle TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION | 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED CER. 21. AUTOPSY? (Yes or No) Yes EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (If in Boltimore City, give exoct location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING NOR CONTRIB-Home UTING CAUSE OF DEATH 117 N. Pine Street 22D. TIME (Month) 22F. HOW DID INJURY OCCUR? (Hour) 22E.INJURY OCCURRED (Doy) (Yeor) OF INJURY NOT WHILE 68 UNK. (APPROX.) m. WORK Autonsy X and that an this basis, death in my opinion I certify that I held an Inquiry Inspection resulted from: Natural causes Ascident Suicide Hamicide Undetermined manner X CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S Werner ASSOCIATE MEDICAL EXAMINER 1 - 30 - 68NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 8/7/68 Calvary Cemetry County Md25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR **ADDRESS** Adolphus Halstead, 1206 W North Ave

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A MILL ROOM A

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Annie Ham Jones

or Marcard Mant, 37 % Mordey 55

Birlish - s/Wos Ht Calvary Comery A A County His

MEDICAL EXAMINER'S CERTIFICATE OF DEATH,

BIR	TH NO.		MILD	CAL	. L/\	AMIIAEKO	SEIX I II I	CAIL	01	עבא	REC	G. NO			
1. N	AME OF DEC	EASED					2. DATE	Known	X	Month	De	ογ	Yeor	Hour	
(Тур	e or Print)	ARAH		M.		TATE	OF DEATH	Estimo	led 🗌	Febru	ary	2,	1968	3:15	P.,
4. F	LACE IN BALT	IMORE, MA	RYLAND. W	HERE PR	RONOL		3. DATE			Month	Do		Yeor	Hour	141.
FULI	NAME OF	(IF NO		LORINS		N, GIVE STREET		UNCED DI	1	Februa	ary 2	, 196			P. M.
OR		LAURE	NS STR	EET	(DOA)	S. USUAL I A. STATE	Maryla Maryla	,	e deceosed	B. CO		esidence b	etore odmis	ssion)
6. S	EX	7. RACE		B. MARR	HED	NEVER MARRIED	C. CITY OF	NWOTS			P. IN	SIDE CITY	LIMITS?	7000	
	Femal ë	Neg		WIDOV		DIVORCED [Balt	imore			10	YES	DO.	NO D	
9. D	ATE OF BIRTH		10. AGE (In lost birthdoy	yeorsey	If Und Months	er 1 Yr. If Under 24 Hrs. 1 Doys Hours Min.	E. STREET						50	THE PARTY OF THE P	
	12/6/9	0		72			504	Laurer	is S	treet					
11.	BIRTHPLACE (SI		in country)	1		HAT COUNTRY?	13. FATHER		mem	tr					
	Marylan				-	- 11	Benja		mer						
	during most of w Domest	orking life, ev		48. KINE	OF BL	JŠINESS OR INDUSTR	Y 1s. MOTHI		EN NA	ME					
16.	WAS DECEASE	DEVERIN	U.S. ARMED	FORCES	5? 1	7. SOCIAL	18. INFOR	MANT				ADD	RESS		
(Yes	, no or unknown)	(If yes, give w	vor or dotes o	f service)	SECURITY NO.	Miss	Ruth	Mi,	ller	,	same			
Т	19.	n 61				CAUSE OF DEA	TH							PROXIMATE IN	
CERTIFICATION	(This does not heart foilure, Injury or com AN DISEASES CORISE TO THE UNDERLYIN OTHER SIGNIT TO THE DEAD DISEASE OR	EADING TO IT meon the osthernio, etc. plicotion whice ITECEDENT IR CONDITI ABOVE CAI G CONDITI FICANT CON THE BUT NOT CONDITION	mode of dyl. It meons the ch coused deo CAUSES ONS, IF ANY, USE (A) STATION LAST. II NOTITIONS CC RELATED TO GIVEN IN PA	ng, e.g., diseose, lh.) GIVING ING THE ONTRIBU THE TERM RT 1 (A)	TING	(A)IMMEDIATE COUNTY TO THE TO, OR COUNTY TO,	CAUSE AS A CONSEC AS A CONSE	QUENCE OF	:	ovascu	ılar			PSY? (Yes o	or No)
G	7	or Environ			1011	inch of Example in	AS FERTOR	,,,,,					No		
MEDIC	UNDERLYING UTING CAI 22D. TIME (OF INJURY (APPROX.) 23.	fy that I h	TRIB- ATH. Doy) (Yeor	nquiry [r) 22E m. Wd m. WC	ORK L. AT V	WHILE VORK Department of the second of the s	22F. HOW ond the	DID IN	this bosis Undetern EXAMINER	CUR?	in my o	pinion	DATE SIG	NED
24/	BURIAL CREM	ATION, 2	248. DATE		24C	NAME of CEMETERY	or CREMAT	ORY	24D.	LOCATIO	N (C	ily, town,	or county)	(Sto	ote)
KEI	Burial		2/8/6	3	M	r Calvary	Cemetr	y		A A	Coun	ty M	d		
25/	DATE REC'D		DEPT. 1968 (1	258. N	S &	OF REGISTRAR	25C.	FUNERAL			1206	AD	DRESS	AVe	

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Man Ruth Miller , some

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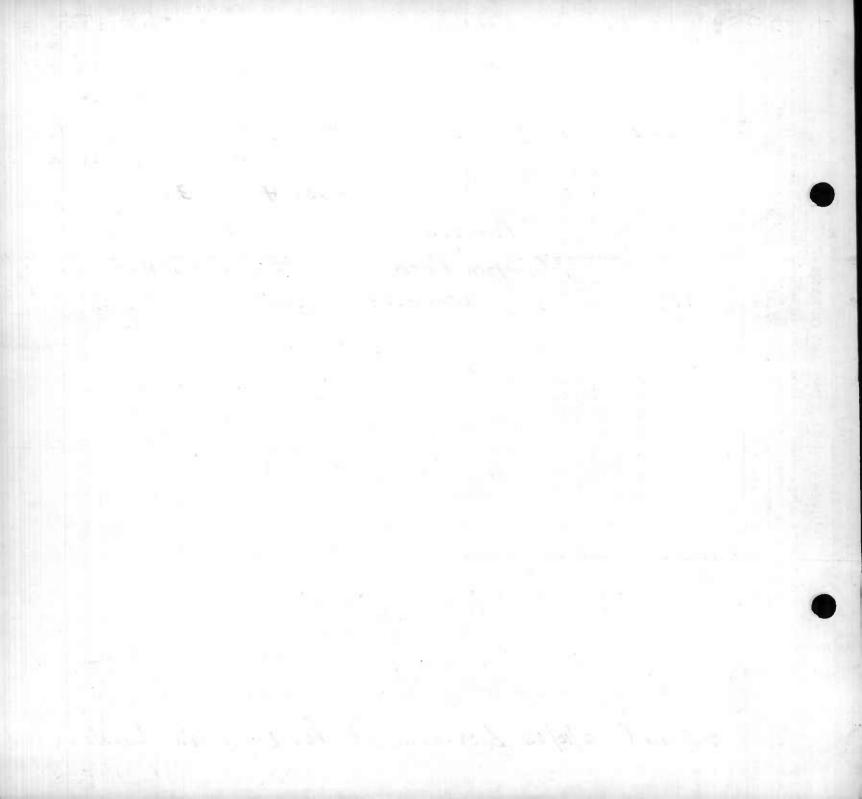
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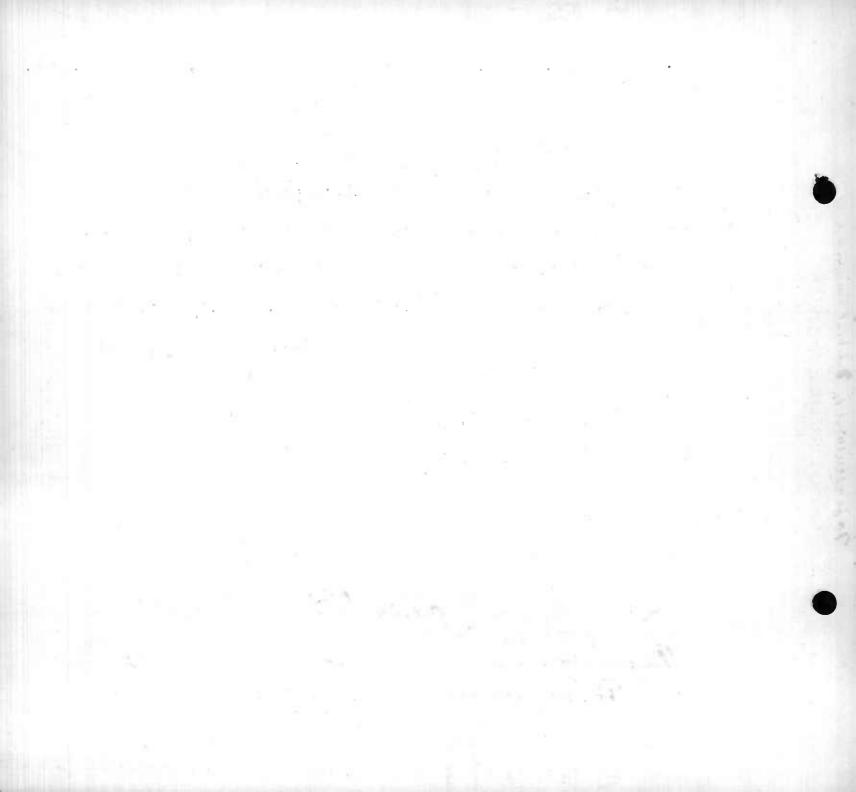
IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



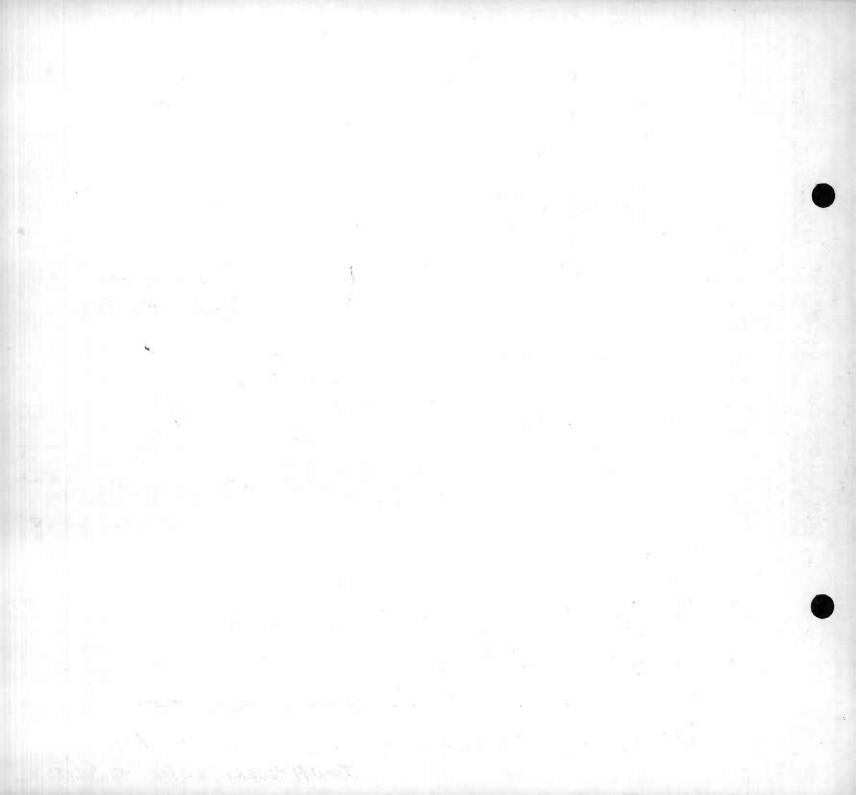


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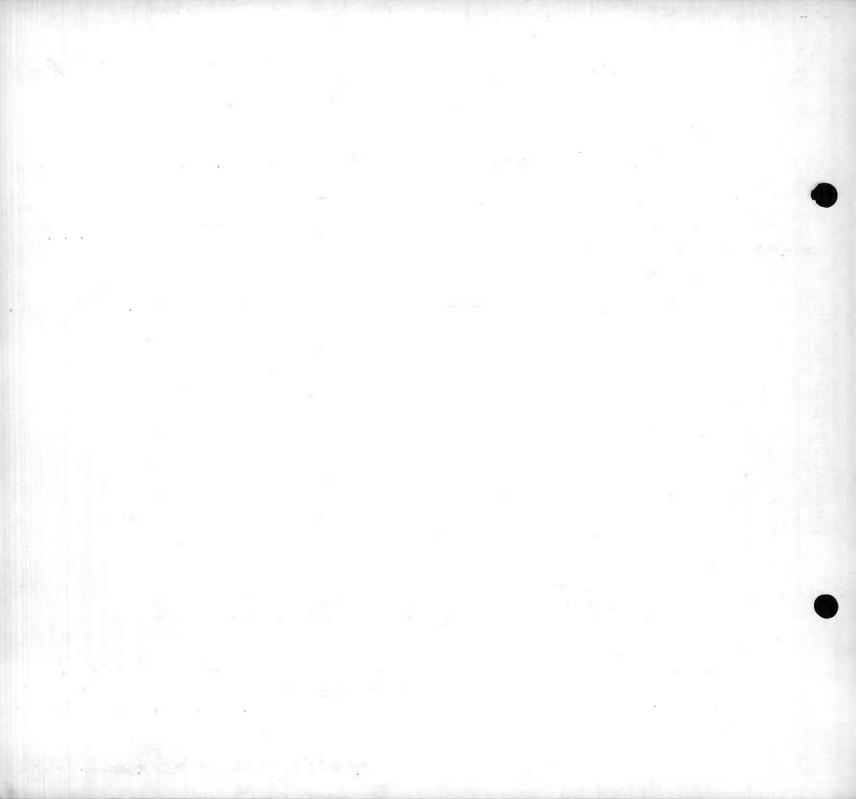
CQ_	1577 CERTIFICA	HEALTH DEPARTMENT		68- 1577 ~
BIRTH NO. 68-02079	CERTIFICA	TE OF DEATH	REG. NO	00 1011
NAME OF DECEASED			HOUR OF DEATH	
Type or Print) Baby Por His	ston	2-6-	-61	11100 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD		deceased lived, if i	institution: residence before admissio
FILL NAME OF UE NOT IN HOSPITAL O	R INSTITUTION, GIVE STREET	Med	00	
FULL NAME OF (IF NOT IN HOSPITAL C HOSPITAL OR ADDRESS OR LOCATION	N INSTITUTION, GIVE STREET	C. CITY OR TOWN	D. IN:	SIDE CITY LIMITS?
2 7		Baltimore		YES NO
Mercy Hospi	tal	E. STREET AND NUMBER	1-	
		2021 Spa.	rk Cour	
6. SEX 6. RACE 7. N	ARRIED NEVER MARRIED	10	. AGE (In years ast birthday)	Months Ooys Haurs Min.
	DOWED DIVORCED	2-4-68		28
OA, USUAL OCCUPATION (Give kind of work 10 B, tone during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY		n country)	12. CITIZEN OF WHAT COUNT
Infant		Balto Me	(4514
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
James Hin	ton	Theresa	Lease	
S. Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT 20		COURT ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of	SECURITY NO.	E.ther.	TAMES	
118-	CAUSE OF DEAT	FAITER	MES	APPROXIMATE INTERVAL
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECT	LY	0 4:	0	tio Chin
(This does not meon the made of dying	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	Incumoni	113 61173
heart failure, asthenia, etc. It means the	4136436,			
injury at camplication which caused dea	th.)	/		1/1
ANTECEDENT CAUSES	(B) Myal	ne /Viembran	e Diseas	55/2 hrs
DISEASES OR CONDITIONS, if any,	giving DUE TO, OR AS	A CONSEQUENCE OF:		111
rise to the above cause (A) state	ing the	nat urity		55 Ch-5
223.5 II	\~/			
OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING			
TO THE DEATH BUT NOT RELATED TO THE TE	RMINAL			
19A. DATE OF OPERATION 19B. CONDITION	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED
WAS PERFORA	NED	No	IN CERTIFIEND C.	AUSES OF DEATH!
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Baltima	ore City, give exact lacotion)
DEATH (natify medical examiner)	etc.)	ince pidge intoki occok:		
21D.TIME (Month) (Doy) (Year) (H.	OUT 21E INJURY OCCURRED	21F. HOW DIO INJU	RY OCCUR?	
S OF INJURY	While At Not While	e 🗂		
(AFFROX)	Work L At Work			
22. I certify that (I) (this hospital) at	tended the deceased fram	2-4-6/ 19	?to	2-6-68-19
that (1) (we) last saw the deceased al	ive an 2-6-65	19ond tho	t in (my) (aby) ap	inion death occurred an the d
and haur and fram the causes stated o	bave. (1) (We) (did) (did nat)			
23A. SIGNATURE		Tow the bady after deaths		238. DATE SIGNED
(VA 0 P)			toff [2-1-11
23C PHYSICIANS	DEGREE Phy	s. Director P 23D. ADDRESS	hys.	
23C. PHYSICIAN'S NAME (Type)		230. ADDRESS	. /	
- CHESTER C.	COLLINS M. D. GREE	MERCY A	OSDIT	9/
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	EMATORY 24D. LO	CATION	City, town, or county) (State)
Bunio1 2/7/10	Holy Pason	VITEM DI	Indall	MA
25A. DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
SEB 9 1968 (P.D.	of E. Jankey MA	Taba 2 M/ 41-6-	0., 50001	OF HOLSCHESTER

VS 150-REV. 1/1/6B

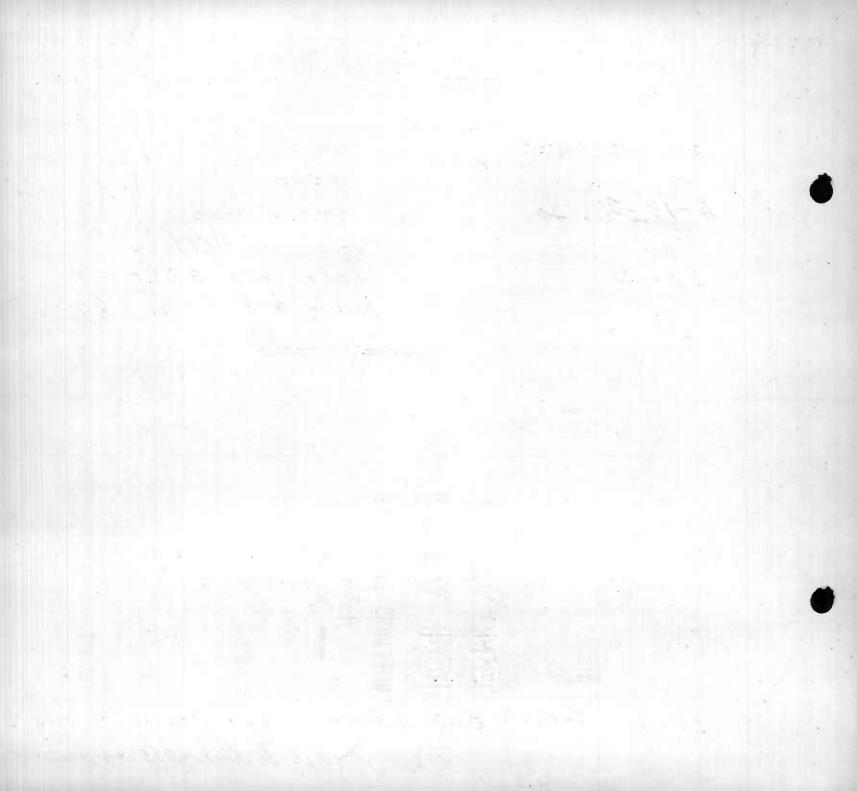
JOHN M. WEBERY. SONS/RC.

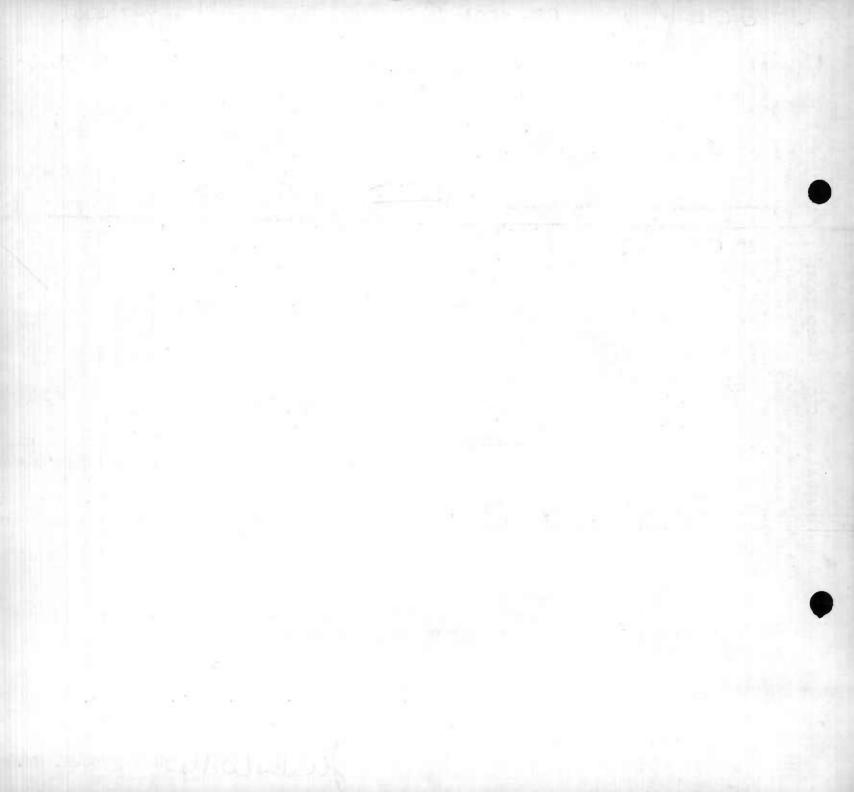


Mype window Diabetes Hallitan anion 24 E. Z Pances fearly : 4 + > C + A DIRECTOR PLANTANIA MARGORIA CO.



	68- MEI	158 DICAL	EXA	MINER'S			DEAT	H PEG NO	68-	- 158	30
BIRTH NO.										-	
OSCAR	ECEASED		MC NI	ŒL	2. DATE OF DEATH	Knawn &	Febru	uary 6,	1968	4:55	A . M.
4. PLACE IN BA	ALTIMORE, MARYLAND,				3. DATE	IAICED DEAD	Month	Day	Yeor	Hour	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INS	ititution, c	GIVE STREET	5 IISHAL PI	INCED DEAD	deceased liv	ary 6, 1		4:55 before admis	A.M.
Johns I	Hopkins Hospi	ta1			A. STATE Ma	ryland		D. COO!!!!	1 6	CATHERINE S	
6. SEX	7. RACE	B. MARI	RIED NI	EVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	Y LINUTS?	10	and a
male	negro	WIDOV	WED 🔲	DIVORCED [Ba	ltimore		YE	s XX	NO 🗆	3
9. DATE OF BIR	TH 27 lost birth			Yr. If Under 24 Hrs. Doys Haurs Min.		ND NUMBER 11 N. Edet	n Stree	e t			
11. BIRTHPLACE	(State or foreign country)		12. CITIZI WHAT	EN OF	13. FATHER		c N/A	-11			
	UPATION (Give kind of war f warking life, even if retired		OF BUSII	NESS OR INDUSTR	Y 15. MOTHE	S MAIDEN NAM	ME	m.c.	PALL	UM	
16. WAS DECEA	SED EVER IN U.S. ARMI	D FORCE	S? 117.	SOCIAL	IB. INFORM	MANT	1	/	DRESS		
(Yes, no or unknow	n)(If yes, give wor or dote	s of service	•)	SECURITY NO.	ANdri	EW MC	NE11		, E.C	PHAS	ES
19.	27.V.			CAUSE OF DEA	ATH			, , , , ,	AF	PPROXIMATE IN	
DISEA	X I SE OR CONDITION DIR	ECTIV							PELM	VEEN ONSE! A	NO DEATH
DISCA	LEADING TO DEATH	COLL		Subarac (A)IMMEDIATE		emorrhage					
(This does	nat mean the made of c re, asthenia, etc. It means t	dying, e.g.,			AS A CONSEQ	UENCE OF:					
injury or co	amplication which coused d	eoth.)									
DISEASES RISE TO THE UNDERLY	ANTECEDENT CAUSES OR CONDITIONS, IF AI HE ABOVE CAUSE (A) ST ING CONDITION LAST.	ATING THE		(B)	AS A CONSE	QUENCE OF:					
O TO THE D	FILE OF THE PROPERTY OF THE PR	O THE TERM	MINAL	• And response to the second s	· · · · · · · · · · · · · · · · · · ·						
20A. DATE	OF OPERATION 208. CO	NOITION	FOR WHI	CH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes	r No)
02										Yes	
22A. EXTE	RNAL CAUSE WAS		22B. PLAC	E OF INJURY (e.g.,	, in or about 2	2C. WHERE DID	(If in Boltimo	re City, give exa	ct location)		
	OR CONTRIB.		1101110710111	home	co brage, orc.)		. Eden	Street	1	0-01	
≥ 22D. TIME OF INJURY	(Month) (Doy) (Ye	or) (Hou	r) 22E.IN	JURY OCCURRED	2	2F. HOW DID IN	JURY OCCI	JR?			
(APPROX.)	1/26/68	UNK	m. WHILE	AT NO	T WHILE X	presumab	ly fel	1			
1 ce	rtify that I held an	Inquiry	Ins	pection A	utopsy X	ond that on th	his basis,	deoth in my	opinion		
resi	ulted from: Natural co	uses 🗍	Accid			micide	Undetermi	ned manner	7		
						CHIEF MEDICAL E					
ACTUA		0/	7	020	ASSI	STANT MEDICAL E	EXAMINER	X		DATE SIG	NED
SIGNA EXAMI NAME	NER'S Werner	Ú. Sp	its	M.D	D.	CIATE MEDICAL E				2/6/6	8
24A. BURIAL CR REMOVAL (Spe	EMATION, 248. DATE	2/68	24C. N	AME of CEMETERY ALES Y G	or CREMATO	24D. 5	SO/	FREd	or county		v£
25A. DATE REC'	D BY HEALTH DEPT.	25B. f	NAME OF	REGISTRAR	25C, I	UNERAL DIRECT	OR 1	, A	DDRESS		i 1
	FEB 9 1968	3 000	7 4 5	Jan.	1	sept &	· Kock	1.00/1	30471	· Clin	trali
VS 151-REV. 1/1/	6B	5 7	ar year	,							





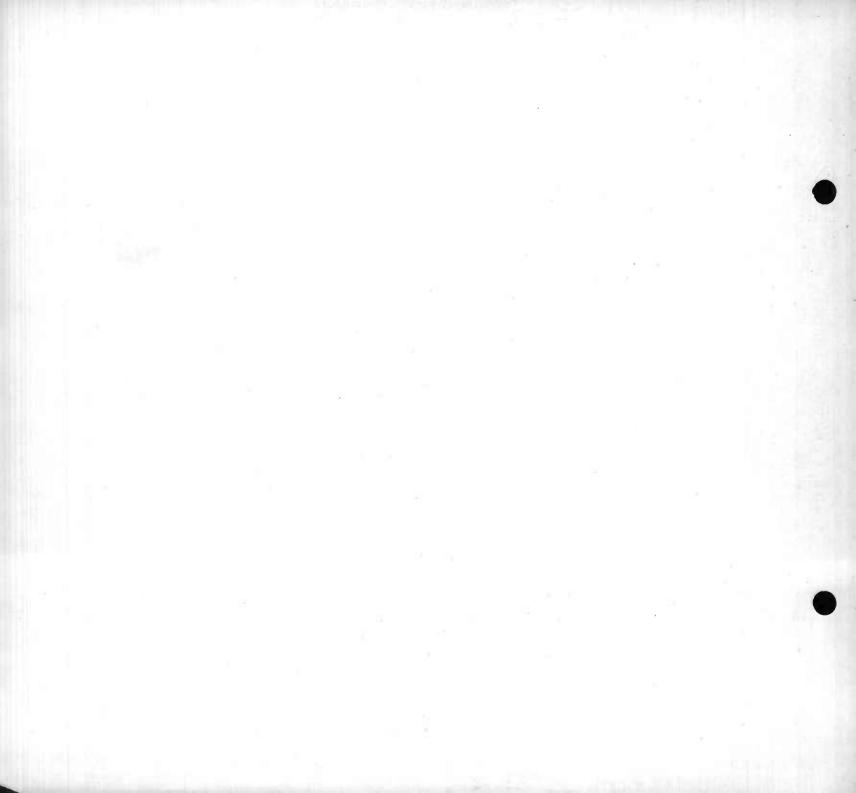
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BALTIMORE CITY HEALTH DEPARTMENT

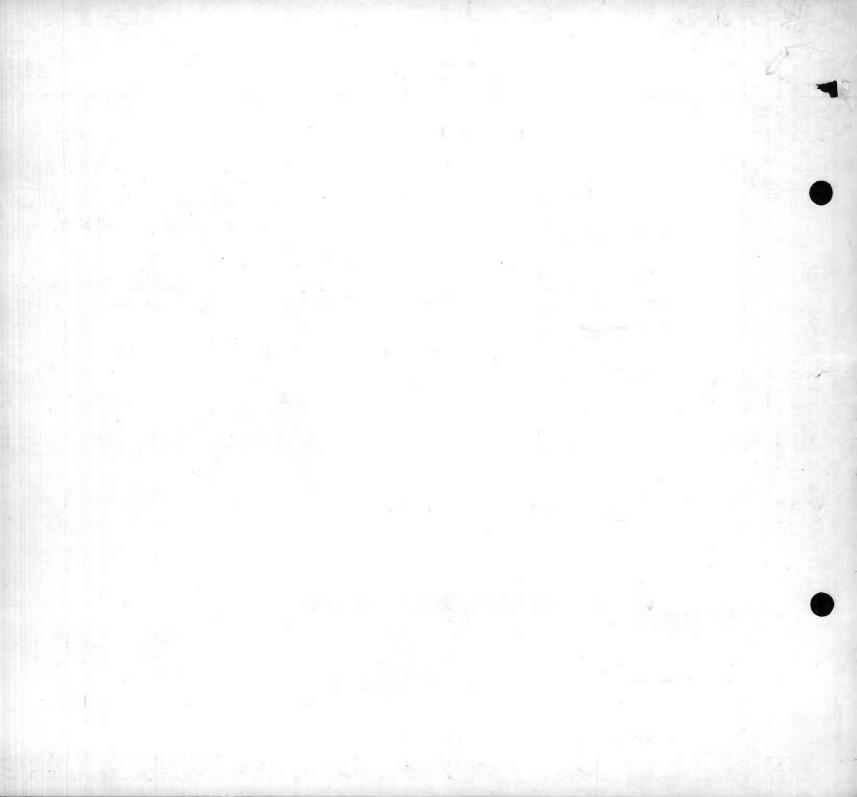
68- 1582

BIRTH NO.	CERTIFICA		REG. NO	
1. NAME OF DECEASED (Type or Print)	N/	2. DATE AN	D HOUR OF DEATH	O La Pi
WALLE, MAINE		2/	6/1968	Institution; residence before admission
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUN	TY	institution; residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	MARYLAND	-	(2 0 January
OSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN		SIDE CITY LIMITS?
NTHERAN		BALTIMOR	E	YES NO V
40 SPITAL		E. STREET AND NUMBER	215 24	- 0
OF MARYLAND		-	AVE; 34	28.
	RIED NEVER MARRIED NEVER MARRIED		9. AGE (In years lost birthdoy) 60 YRS	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
ON EMPLOYED ON EMPLOYED	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTR
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	
UNKnown		UNKNOW	1	
5. Was Deceased Ever in U. S. Armed Forces? es,no or unknown)(If yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	E LI III	ADDRESS
ary year governor or delect of	SECORITI NO.	Mrs. Grace Mo	ore 334	+ N. Hilton St
18. 436,01	CAUSE OF DEAT	н		SETWEEN ONSET AND DEAT
UNDERLYING CONDITION last. 3 3 / X OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS	(C)			
TO THE DEATH BUT NOT RELATED TO THE TERMIN				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINOUS CONTRIBUTION OF THE TERMINOUS CONTRIBU	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	in or about 21C. WHERE DID	(If in Boltime	ore City, give exact location)
21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not White Not Work		URY OCCUR?	
22. I certify that (t) (this haspital) attend	ed the deceased fram	1/23/68	19ta	2/6/68-19
that (1) (we) lost saw the deceased alive	an 2/6/68	,19and th		olnian death accurred an the da
and haur and from the causes stated abov	e. (I) (Wa) (did) (did-not)	view the body ofter death.		
23A. SIGNATURE	Att DEGREE	ending Med. pirector Director	Staff Phys.	238. DATE SIGNED 2/6/68
23C. PHYSICIAN'S NAME (Type) P. P. Je	SHI MD			BALTIMORE -
14A. BURIAL CREMATION. 24B. DATE REMOVAL (Specify) 2/9/68	C. NAME of CEMETERY OF CE	EMATORY 24D. L	la la	city, town, or county) (Stote) Lef Cty. Md;
SA. DATE REC'D BY HEALTH DEPT. 25B. NA				



				HEALTH DEPARTMENT		00
DIETH NO	68-	1583	CERTIFICA	TE OF DEATH	REG. NO	68- 1583
BIRTH NO.	TEA CED			5 5 5 5		
(Type or Print)	JOH	n F.	NELSON		uary 4, 1968	9:30 P. M.
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOU	INCED DEAD	4. USUAL RESIDENCE (WH	ere deceased lived. If in	stitution: residence before admission!
FULL NAME OF HOSPITAL OR INSTITUTION	of Not in Hospit Address or Loc. 3131 Fleet Baltimore	St.	TION, GIVE STREET	Md. c. City or town Baltimore E. STREET AND NUMBER 3131 Fleet	20	VES NO .
S. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
37.7.2	1071			N 22 7802	lost birthdoy	Months Doys Hours Min.
Male	White	WIDOWED		Nov.22, 1892	10	
		108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
	working lile, even if retired)	D=43	a d Washinson	D-74 imama	165	TT C A
Reti	rea	Ralifo	ad Worker	Baltimore	, RECL.	U.S.A.
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	AME	
	John W. Ne	lson		Ann	a E. Kramer	
	10					
	Ever in U. S. Armed For		1 6. SOCIAL	17. INFORMANT		ADDRESS
	(If yes, give wor or dote	S Of Service	SECURITY NO.	Tan W Haral	4	Como
No		•	None	Ida M. Hazel	TD	Same.
18.010	3 1		CAUSE OF DEAT	H		APPROXIMATE INTERVAL
OISEASES (rise to the UNDERLYIN) O 1 9. 0 OTHER SIGNII TO THE DEA	ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION lost. II FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR	ony, giving stoting the STRIBUTING HE TERMINAL	(B)	A CONSEQUENCE OF:		
19A. DATE OF	OPERATION 198. CON WAS PER		WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING DITING CAUSE OF medical examiner	218. home etc.)	e, form, foctory, street, of	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltimore	e City, give exect locotion)
21D. TIME	(Month) (Doyl (Year)	(Hourl 21F	INJURY OCCURRED	21F, HOW DID IN	JURY OCCUP?	
S OF INJURY			le At Not While		TOTAL GOODIE	
(APPROX.)		Work				48 16
22 1	that (1) (this hospital) assert Lit	1 1.	. OXE	1968 to + el	4 = 68
ZZ. I Certity	that (I) (Anis nospital		0 . 1/4	n. g		- 4 - 00 19
that (I) (we)	last saw the decease	d alive an	Jan 8 79 6	19 and t	hat in (my) (aur) apli	nlan death accurred an the date
1	1.6 .1					
		ed aboyent)	(we) (did) (did not) v	iew the bady after death	•	
23A. SIGNATU	JRE	1				23 B. DATE SIGNED
1+21	7 Leuran Ma	and Mas	Atte	nding Med.	Staff Phys.	2-6-68
23C. PHYSICIA	M's CONTOCOL	w yill	DEOKEE	23D. ADDRESS	111/2. —	2000
NAME (T	ype)					
	Freder	rick H.	Herrmann	1710 E.	33rd St., I	Balto., Md.
24A. BURIAL CRE	MATION, 248. DATE Specifyl	24C. NA	ME of CEMETERY OF CRE			ly, town, or county) (Statel
Buria	- 0	-68	Oak Lawn Cen	etery 77	25 Eastern	Blvd.Ba.Co., Md.
	BY HEALTH DEPT.	258. NAME O		25C. FUNERAL DIRECTO	R, 907 9	Conk Persos St.
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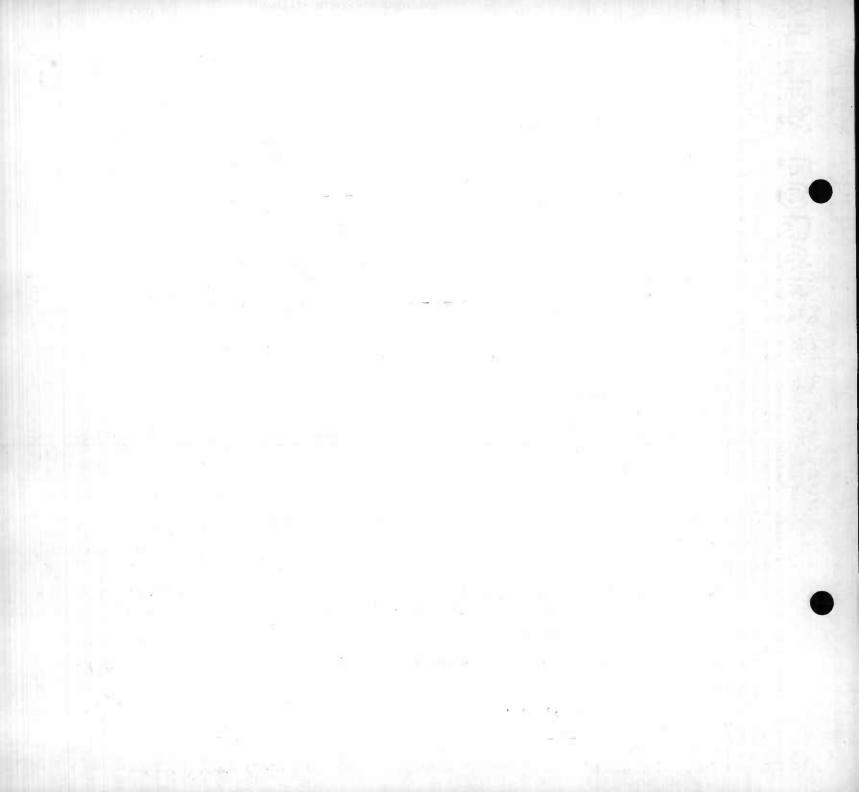
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68-	1586
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BALTIMORE CITY HEALTH DEPARTMENT

REG. NO	68-	1586

IRTH NO.		CE								
NAME OF DECEASED					2. DATE A	ND HOUR OF	DEATH		516	m -
ype or Print)	Jurgis	Stankevicius	8			bruary 7				OP:
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OSPITAL OR AL	DDRESS OR LOCAT	ION)	VE STREET	C. CITY OR TOW			D. INSID	E CITY LIMITS	?	
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Maintanence	-11-11			Lithuan						
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Vinc	cas Stankev	icius		On	a Gruet	riunas				
. Was Deceased Ever in				17. INFORMANT				AD	DRESS	
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BALTIMORE CITY HEALTH DEPARTMENT

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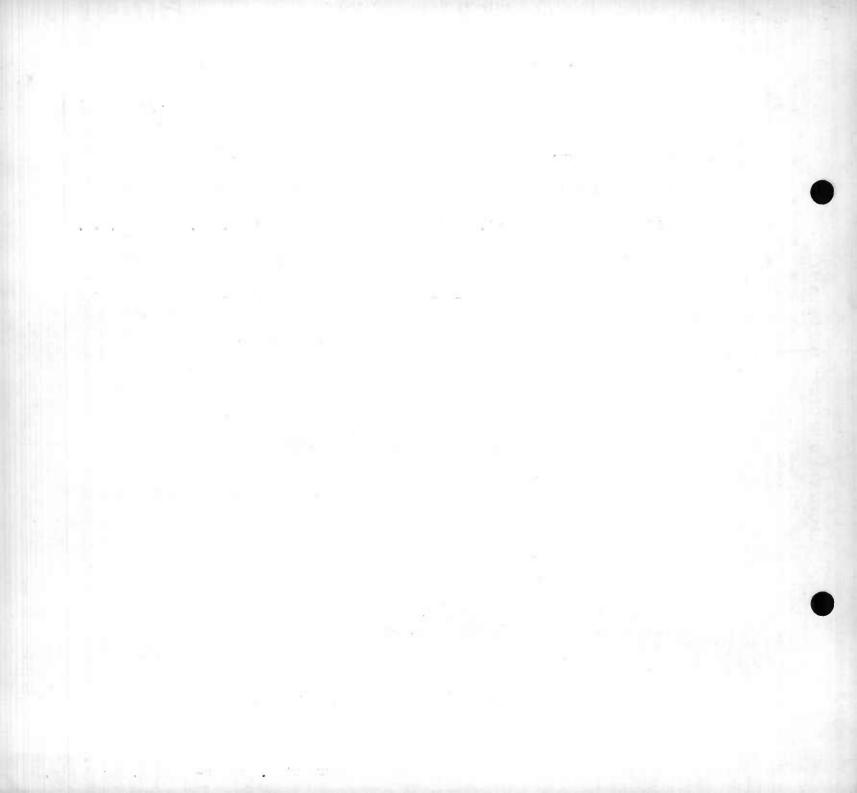
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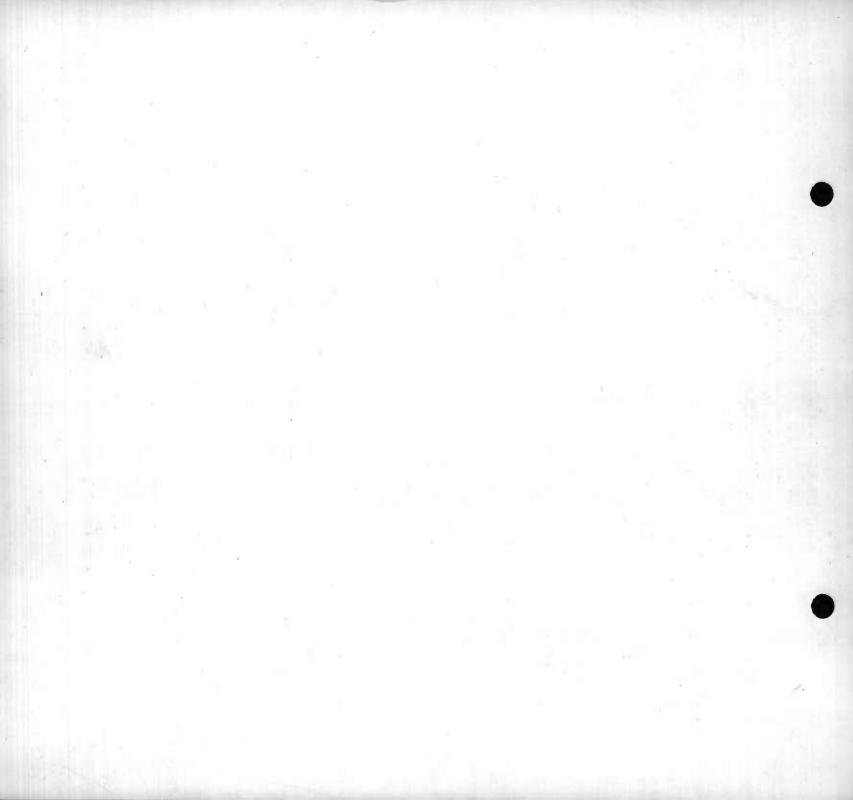
	BALTIMORE CITY	HEALTH DEPARTMENT		111 91.
BIRTH NO. 68- 1588	CERTIFICA	TE OF DEATH	REG. NO	60 1500
1. NAME OF DECEASED		2. DATE AN	NO HOUR OF DEATH	1000
(Typographint) I Johnson		2/3	5-168	17 PM.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONDU	INCED DEAD	A. STATE B. COUN	ere/deceased lived. If ins	stitution; residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITU	TION, GIVE STREET	MARYLAND	Howard	ul Co. 63-00
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
U ₂		Elli Coll	114	YES NO
Balton H. 11 Abresida	Hame	E. STREET AND NUMBER	14 Pd	
5. SEX. 6. RACE 7. MARDIED T	701112	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
WIDOWED WIDOWED	INEVER MARKIED	5/10/09	lost birthdoy	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF		11. BURTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
done during most al working life, even il retired)	ME	march		11 1
HOMOMRIEUR ATHO	71.5	14. MOTHER'S MAIDEN NA	NO	0.5
T.		MOTHER'S MAIDEN NA		
BURGESS, JOHN	0.4	2 18WAC	T. MARY	
15. Was Decassed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	- /	ADDRESS
NO	212-14-9018	MARY NORKE	53	
18.4 12, 91	CAUSE OF DEATH		,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Extensiv		degeneration	0 41
(This does not meen the made of dying, e.g.,	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:		several month
heart failure, asthenia, etc. II means the disease, injury ar camplication which coused death.)	DOL 10, OR AS I	s consequence of .		
ANTECEDENT CAUSES	0.50	ND		Sprp.on O
DISEASES OR CONDITIONS, if ony, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:		port years
rise to the above cause (A) stating the	1->			
UNDERLYING CONDITION lost.	(C)			
422 / II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		1 0		2 0 4
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART) (A).	Secon	dary anem	1'a	Several month
	VHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAL	INDINGS CONSIDERED
L L L L L L L L L L L L L L L L L L L		No		
OR CONTRIBUTING CAUSE OF home	e, lorm, foctory, street, of	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)
DEATH (notify medical examiner) etc.)			JETU S	
W OF INIURY	INJURY OCCURRED	21 F. HOW DID INJ	JURY OCCUR?	
(APPROX.) While	le At Not While			
22. I certify that (1) (this hospital) attended th	e deceased from			2.5- 1968.
that (I) (we) lost sow the deceased alive on	2 - 3 -	19 6 8 and th	not in (my) (our) opin	nion death accurred on the date
and hour and from the couses stated above. (1)			/	
23A. SIGNATURE				23 B. DATE SIGNED
C. Ellsworth Const	M. Doscoss Phys	nding Med.	Staff Phys.	2.5.68
23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS	1 1 -	
E. Elsworth	Cook M.D.	2431 Mary	land. a	we Bolt MAZOR
24A. BURIAL CREMATION, 24B. DATE 24C. NA	ME of CEMETERY of CRE	MATORY 24D. L	OCATION (Cit	y, town, or county) (Stote)
REMOVAL (Specify) 2/10/68 St	Louis Carrie	PLIC CHURCH [LORKSVILL	m)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME O	F REGISTRAR	25C, FUNERAL DIRECTOR	R	ADDRESS
FEB 9 1968 R. Cab	E, Washey MA	morkale p	Horas 638	n. girmon St
/S 150-REV. 1/1/68				

Action States Comme Comme There is my

more supply 6580 give = 14.

	6	20 mm 1 3 74 7	Y HEALTH DEPARTMENT	REG. NO	68- 1589			
BIRTH NO. 1, NAME OF DECEASED			ATE OF DEATH					
1. NAME OF Type or Prin	4)			ND HOUR OF DEATH	1 201			
2 01 4 55 14	Ada M. Go			uary 8,1968	nstitution: residence before admis			
3. PLACE IF	BALTIMORE, MARYLAND, V	WHERE PRONOUNCED BEAD	A. STATE B. COUR	NTY	nstitution; residence before admis			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)			Maryland					
INSTITUTIO		A.1017	C. CITY OR TOWN	D. INS	DECITY LIMITS?			
			Baltimore E. STREET AND NUMBER		YES NO 1			
5/ 23	09 Roslyn Ave.		2309 Roslyn Avenue					
5. SEX	6. RACE	7- MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , II Under 24			
Eamal	Colored	WIDOWED DIVORCED	March 17,1871	last birthdoy)	Months Doys Hours N			
Femal	C	108, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COL			
	nost of working lile, even if retired)	Pvt. Family	Saint Mary'		U.S.A.			
		PVC. Pamily	•		0.3.8.			
13, FATHER			14. MOTHER'S MAIDEN NA	ME				
Ве	njamin Gough		Margaret	7	7			
	eased Ever in U.S. Armed Fo		17. INFORMANT		ADDRESS			
		216-34-0223	Miss Agnes Ya	tes-2502 Ed	gecomb Circle No			
rise le UNDER	SES OR CONDITIONS, if a the abave cause (A)	any, giving	s a consequence of:					
TO THE	IGNIFICANT CONDITIONS CO DEATH BUT NOT RELATED TO OR CONDITION GIVEN IN PA	THE TERMINAL	20A, AUTOSY? (Yes or N	o) 20B, IF YES. WERE	FINDINGS CONSIDERED			
DI 19A. DA		REFORMED	40		AUSES OF DEATH?			
OR CON	CCIDENT WAS UNDERLYING TRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)			
21 D. TIM		(Hour) 21 E. INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?				
OF INJU		While At Not Wh		n				
		1	RI II	1067 1	A8to			
		ol) ottended the deceased fram	(/ 5/	196 / to fet	1 1 1 1			
	(we) lost sow the deceos		•		Inlon death occurred on th			
	- V	oted shove. (I) (We) (did) (did)	view the body after deoth.		0			
23A. SIG	NAIDRE T	VIII NIND	tending Med.	Shaff	28 DATE SIGNED			
	Mano.	DEGREE PH	ys. Director L	Phys.	20711			
23C. PHY	ME (Type) U/S T	LAVY M.D.	230. ADDRESS 1502W . Kog	ers ave f	alto 15 Mg			
	CREMATION, 24B. DATE	24C. NAME of CEMETERY OF C	REMATORY 24D.	LOCATION (C	City, town, or county) (S)			
Bur		8 New Cathedral C	emeterv Ba	ltimore M	aryland			
	REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS			
	1968	Wilmin Entarkula	Herbert E	Nutton- 202	5 W. North Ave.			
/S 150-REV.	1/1/6B		. OLDELE E	NUCLET 303	N. MOLLII AVE.			





m-254

68- 1591 CERTIFICATE AMENDED 3-14-68

-			
C	0	15	01
U	8-	10	

MEDICAL EXAMINER'S C	LERTIFICATE OF DEATH REG. NO.
BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Day Year Hour
ROBERT LEE MCNEIL	DEATH Estimoted Feb. 8 1968 5:25 p.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour PRONOUNCED DEAD
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	February 6 1968 5:25 p.M.
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)
31 Par Carana Harry D.O.A	A. STATE B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	Maryland C. CITY OR TOWN D. INSIDE OTY LIMITS?
THANKIED THEFER MARKIED	
Male Colored WIDOWED DIVORCED 9. DATE OF BIRTH 10. AGE (In yeors H Under 1 Yr, If Under 24 Hrs.	Balto YES NO L
lost birthdoy) Months; Doys; Hours; Min.	E. SIREET AND THOMBER
48	3045 W. North Ave.
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY	13. FATHER'S NAME
(Mistomul 1. C) U.S.A	George on Mick
148 USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY dore during most of working life every fretired)	15. NOTHER MAIDEN NAME
Salme	Willie mare shorts
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18 INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Willes now minute squile
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL
50000	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Subd	
(A)IMMEDIATE C	AS A CONSEQUENCE OF:
heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)	45 A CONSEQUENCE OF
injury of complication which coosed dealit.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
LINDERLYING CONDITION LAST.	
ō	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
W A	
✓ 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.,	in or about 22C. WHERE DID (If in Baltimore City, give exact location)
UNDERLYING GOR CONTRIB. UTING CAUSE OF DEATH. UNknown	e bldg., etc.) INJURY OCCUR?
	Unknown
DF INJURY OCCURRED OF INJURY OCCURRED	P2F. HOW DID INJURY OCCUR?
/ARREAL NOT	WHILE IN Unknown- Fell on steps at home
23.	
I certify that I held on Inquiry Inspection Au	ond that on this bosis, deoth In my opinion
resulted from: Natural couses Accident D Suicia	de Homicide Undetermined monner X
	CHIEF MEDICAL EXAMINER
ACTUAL FOLINA + Wilcon	ASSISTANT MEDICAL EXAMINER
SIGNATURE M.C	ASSOCIATE MEDICAL EXAMINER
EXAMINER'S NAME(Type) Edward F. Wilson, M.D.	February 7, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	
REMOVAL (Specify)	Matt Malt
12 10-68 11 Challe	The value of the
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25 FUNERAL DIRECTOR ADDRESS
EEB 9 1968 R. Jus E. July M. A.	Allan Chile hora Brown Marshaules
VS 151-REV. 1/1/68	Carried Million No Montagen and Mark

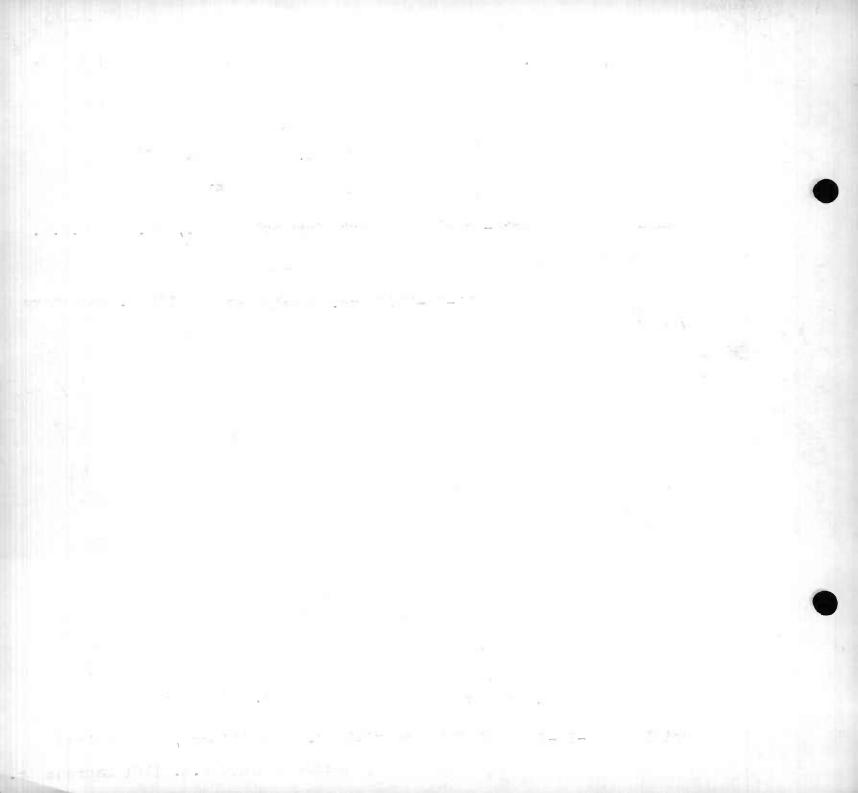
00 456	BALTIMORE CITY	HEALTH DEPARTMENT		68- 1592
D 68- 158	CERTIFICA	TE OF DEATH	REG. NO.	7035
BIRTH NO.	CERTITION	To DEATH	HOUR OF STATE	
(Type or Print)	A	2. DATE AND	HOUR OF DEATH	45
Dennie /	04152	LA LIGHAL RECIDENCE INT.	1968	tution: residence before admission)
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	NCED DEAD	A. STATE B. COUNTY	/	whom residence before builds10ff/
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITU	TION, GIVE STREET	Rid.		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITU HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION		C. CITY OR TOWN	D. INSIDE	CITY LIMITS?
114		Baltimon	0	VES NO NO
111. M	11 -11	E. STREET AND NUMBER		27-0
Union Hemorial	tospital	2011 Gree	nmonut	Hve.
5. SEX 6. RACE AL 7 MARRIED L	NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years	It Under 1 Yr. , It Under 24 Hrs.
T 1/ N CHICAGO		10/01/17	st birthday)	Months Doys Hours Min.
WIDOWED 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF	BUSINESS OR INDUSTRY	11. BURTHPLA CE (State or foreign	n country)	12, CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)	OCCUPATION OF HADOUR			1101
- Housewi	te Domest	E Couisia	na	434
13. FATHER'S NAME	1 1 ames	14. MOTHER'S MAIDEN NAM		/
1.10/100 110.60	1- T	114	1 00 4	DAIL
15, Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. HATERMANT	L tu o	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	_	1 1	,
	Vone	Jomes Trogo	don 201	11 Greenmount
18. 4 7 / 10	CAUSE OF DEAT	4		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		-2		BETWEEN ONSET AND DEATH
LEADING TO DEATH	DANAEDIATE CAL	57 ach 7	enal Fail	· · · ·
(This daes not meen the made of dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	enaffall	
heart failure, aslhenia, etc. It means the disease, injury ar camplication which coused deoth.)				
	101	1. 1	18/	
ANTECEDENT CAUSES	(B) B/ee	119 Isophas	realvaric	25
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF	,	
rise to the abave couse (A) stoling the UNDERLYING CONDITION last,	10 Lae	ding Esophas a conscouence of has anes's Circ	posis	
(8//	(-,		7 1	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			1116	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL			4	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	VHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIL	NDINGS CONSIDERED
WAS PERFORMED		lke	IN CERTIFYING CAU	SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B.	PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID	(It in Boltimare	City, give exoct location)
OR CONTRIBUTING CAUSE OF hom	e, torm, foctory, street, o	ffice bldg., INJURY OCCUR?		
<u>U</u>				
OF INJURY (Month) (Doy) (Yeor) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX.) Whi	le At Not Whi			,
		1/16	58 7	1 4 618
22. I certify that (1) (this hospital) attended th	ne deceased train	19 68 Cond tho	10	1 0 0 N
that (1) (we) lost sow the deceased olive on	2/8	19 6 0 Cond tho	t w (my) (our) opini	ion death occurred on the dat
and hour and from the couses stated above	(We) (did) did not)	view the body ofter deoth.		
23A, SIGNATURE	60			23B. DATE SIGNED
11 - 1/1	MU AH		Shaff	2/8/1968
Mac physicians Olsow	DEGREE Phy		LION MEMOD	
NAME (Type)		THE UN	IION MEMOR	AL HOSPITAL
DR. H. F. HOLCOMB	DEGREE	19100 /10mic	rial H	ospital
	AME OF CEMETERY OF CR	EMATORY 24D. LO	CATION (City	, town, or county) (State)
Burnal 2/13/68 Ax	butus Mer	n. Pork Be	It. Md.	
	F REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
FEB 3 1968 (P.O. A-	E Sta Proute	WM Merch	928 E	North Are
II SECULIA	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	1 1 1 1 10 1 00	. , , , , , , , , , , , , , , , , , , ,	

928 E. North Ave WM Merch VS 150-REV. 1/1/68

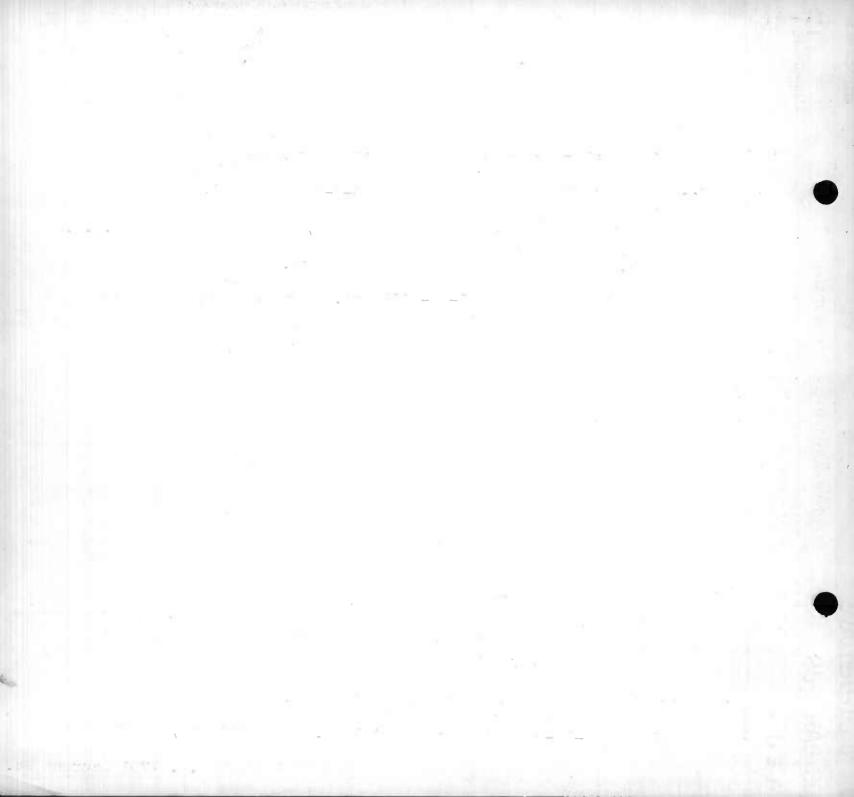
Chair Temperate 2016 Grown Tra 10/01/354 Homen to Burts Levinous Walter Hooles T Colote Cons. Street, Renal Falls Herding Employed Honor La ringe's Compress

BALTIMORE CITY HEALTH DEPARTMENT

68- 1593 CERTIFICATE OF DEATH Registered No. BIRTH NO. 1:15 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY (If outside city limits, write KSRAL and give township 21229 If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS S. Monestery INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimare City, give exact lacotion) and that in (my) (our) opinion deoth occurred on the dote 23B. DATE SIGNED (City, town, ar county) MORTON & DYETT F.H. 1701 Laurens St.



HPT		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 68-15						
SIRI	rh No.	68	CERTIFICA	ATE OF DEATH				
	e or Print)		J. ALLEN	2. DATE AND HOUR OF DE	ATH 4			
FUL HO:	LACE IN BALTI. LL NAME OF SPITAL OR TITUTION		HERE PRONOUNCED DEAD AL OR INSTITUTION, GIVE STREET TION)	4. USUAL RESIDENCE (Where decyased lived, A, STATE B. CQUNTY MARYLAND C. CITY OR TOWN BALTIMORE E. STREET AND NUMBER	INSIDE CITY LIMITS? YES NO			
0/	302	2 Walbrook	Avenue	3022 Walbrook Avenue				
5. SI			7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If U			
M	F.	Negro	WIDOWED DIVORCED	3-6-1895	Months Doys Hours			
done		rking life, even if retired)	108, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) CREWE, VIRGINIA	U.S.A.			
3. F	FATHER'S NAM Un			14. MOTHER'S MAIDEN NAME UNK.				
5. V Yes,	Was Deceased E , no or unknown) (ver in U. S. Armed Fore If yes, give wor or dote:	s of service) SECURITY NO.	17. INFORMANT Mrs. Laura Fossett 4006 Alto Ro				
		CONDITIONS, if a	any, giving	S A CONSEQUENCE OF:				
ATION	OTHER SIGNIFIC	abave cause (A) CONDITION last. II ANT CONDITIONS CONBUT NOT RELATED TO THE	NTRIBUTING TO A B	Rtas MELLITES.	7.7			
ATION	OTHER SIGNIFIC	abave cause (A) CONDITION last. II ANT CONDITIONS CON BUT NOT RELATED TO TH NOTION GIVEN IN PART	NTRIBUTING HE TERMINAL T (A). DIA 6 OUTON FOR WHICH OPERATION	Rtes MELLITES.	VERE FINDINGS CONSIDERED			
L CERTIFICATION	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF CONTRIBUT OR CONTRIBUT	abave cause (A) CONDITION last.	Staling the (C)	Rtes MELLITES. 20A. AUTOPSY? (Yes of No) 20B. IF YES, WIN CERTIFYING	VERE FINDINGS CONSIDERED CAUSES OF DEATH?			
MEDICAL CERTIFICATION	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF C 21A. ACCIDENT OR CONTRIBUT DEATH (notify r	abave cause (A) CONDITION last.	NTRIBUTING HE TERMINAL T (A). DIA h ORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street,	20A. AUTOPSY? (Yes or No) 20B. IF YES, WIN CERTIFYING IN OF Obout 21C. WHERE DID Office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	CAUSES OF DEATH?			
MEDICAL CERTIFICATION	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A-DATE OF CONTRIBUT DEATH (notify or INJURY (APPROX.)	abave cause (A) CONDITION last. ANT CONDITIONS COT BUT NOT RELATED TO THE NOTITION GIVEN IN PAR OPERATION 19B. CONI WAS PERF WAS UNDERLYING ING CAUSE OF nedical examiner) Month) (Doy) (Year)	NTRIBUTING 1 (C)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WIN CERTIFYING IN CERTIFYING Office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	CAUSES OF DEATH?			
MEDICAL CERTIFICATION	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19 A. DATE OF CONTRIBUT DEATH (notify r 21D. TIME (APPROX.) 22. I certify that (I) (we) I	abave cause (A) CONDITION last. ANT CONDITIONS CON BUT NOT RELATED TO THE NOTITION GIVEN IN PARY PERATION 19B. CON WAS PERF WAS UNDERLYING 1 ING CAUSE OF nedical examines) Month) (Doy) (Year) That (1) (this haspital ast saw the decease from the causes state of the couse of the c	NTRIBUTING HE TERMINAL TO TABLE TO TABLE AT TO TABLE	20A. AUTOPSY? (Yes or No) 20B. IF YES, WIN CERTIFYING IN OFFICE BID (If in Bo office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	Itimore City, give exoct locotion			
MEDICAL CERTIFICATION	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF C 21A. ACCIDENT OR CONTRIBUT DEATH (notify or 10 F INJURY (APPROX.) 22. I certify to that (I) (we) I and haur and 23A. SIGNATUR 23C. PHYSICIAN NAME (Typ	abave cause (A) CONDITION last. ANI CONDITION S COT BUT NOT RELATED TO THE NOTION SIVEN IN PAR OPERATION 198. CON WAS PERF WAS UNDERLYING ING CAUSE OF nedicol exomines) Month) (Doy) (Yeot) hat (1) (this haspital ast saw the decease from the causes state The course of the cause of the causes state The course of the cause of the cause of the causes state The course of the cause	Staling the (C)	20A. AUTOPSY? (Yes or No) 20A. AUTOPSY? (Yes or No) 20B. IF YES, W IN CERTIFYING IN CERTIFYING (If in Bo office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? ile 21F. HOW DID INJURY OCCUR? ite 19 5 8 and that in (my) (aur view the bady after death. tending Med. Director Phys.	2 / 7) opinian death occurred 23B. DATE SIGNED 2 / 8/6			
MEDICAL CERTIFICATION	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF C 21A. ACCIDENT OR CONTRIBUT DEATH (notify or 21D. TIME 21D. TIME OF INJURY (APPROX.) 22. I certify to that (I) (we) I and haur and 23A. SIGNATURE 23C. PHYSICIAN NAME (Type C BURIAL CREM REMOVAL (Sp	abave cause (A) CONDITION last. ANT CONDITION S COT BUT NOT RELATED TO THE NOTION GIVEN IN PAR OPERATION 198. CON WAS PERF WAS UNDERLYING ING CAUSE OF nedical examines) Month) (Day) (Year) hat (1) (this haspital ast saw the decease fram the causes state The course of the cause of the cause state ATION, 248. DATE ecify)	Staling the (C)	20A. AUTOPSY? (Yes or No.) 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WIN CERTIFYING IN CERTIFYING IN CERTIFYING IN CERTIFYING (If in Bo office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY OCCUR? 23D. ADDRESS 23D. ADDRESS 24D. LOCATION	2 / 2 23B. DATE SIGNED 23B. DATE SIGNED 2 Shift (City, town, or dounty)			
MEDICAL CERTIFICATION	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF C 21A. ACCIDENT OR CONTRIBUT DEATH (notify or 21D. TIME 21D. TIME OF INJURY (APPROX.) 22. I certify the control of	abave cause (A) CONDITION last. ANI CONDITION S COP BUT NOT RELATED TO 1+ DITION GIVEN IN PAR OPERATION 198. CON WAS PERF WAS UNDERLYING ING CAUSE OF medical examiner) Month) (Day) (Year) hat (1) (this haspital ast saw the decease from the causes state The course of the cause of the cause state ATION, 248. DATE ecify)	Staling the (C)	20A. AUTOPSY? (Yes or No.) 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WIN CERTIFYING IN CERTIFYING IN CERTIFYING IN CERTIFYING (If in Bo office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY OCCUR? 23D. ADDRESS 23D. ADDRESS 24D. LOCATION	2 / 2 23B. DATE SIGNED 23B. DATE SIGNED 2 Shift (City, town, or dounty)			

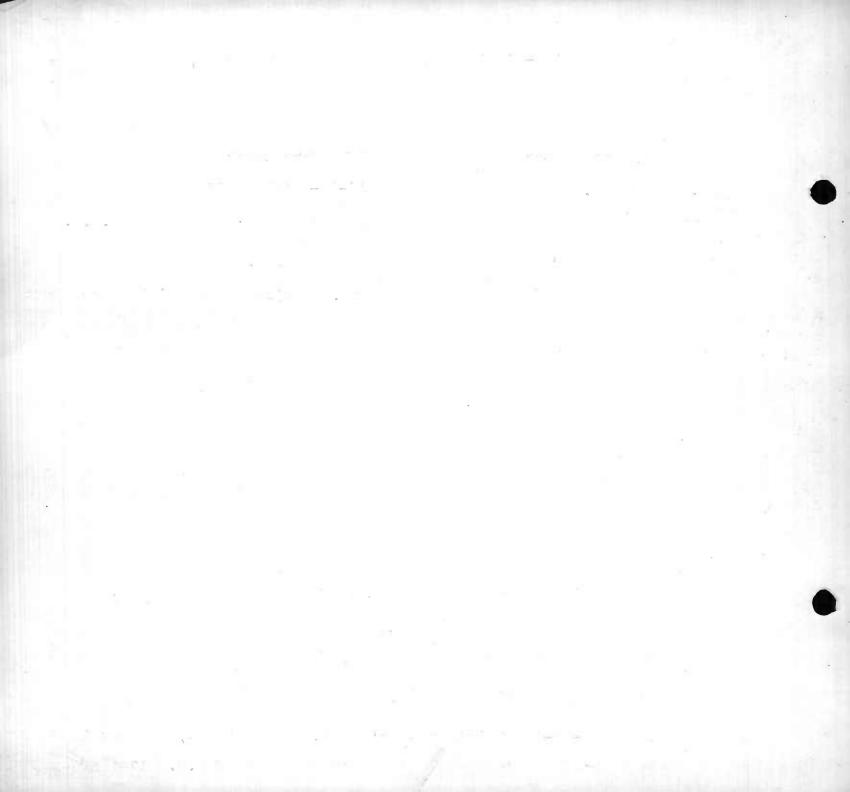


BALTIMORE CITY HEALTH DEPARTMENT

REG. NO.

68- 1595

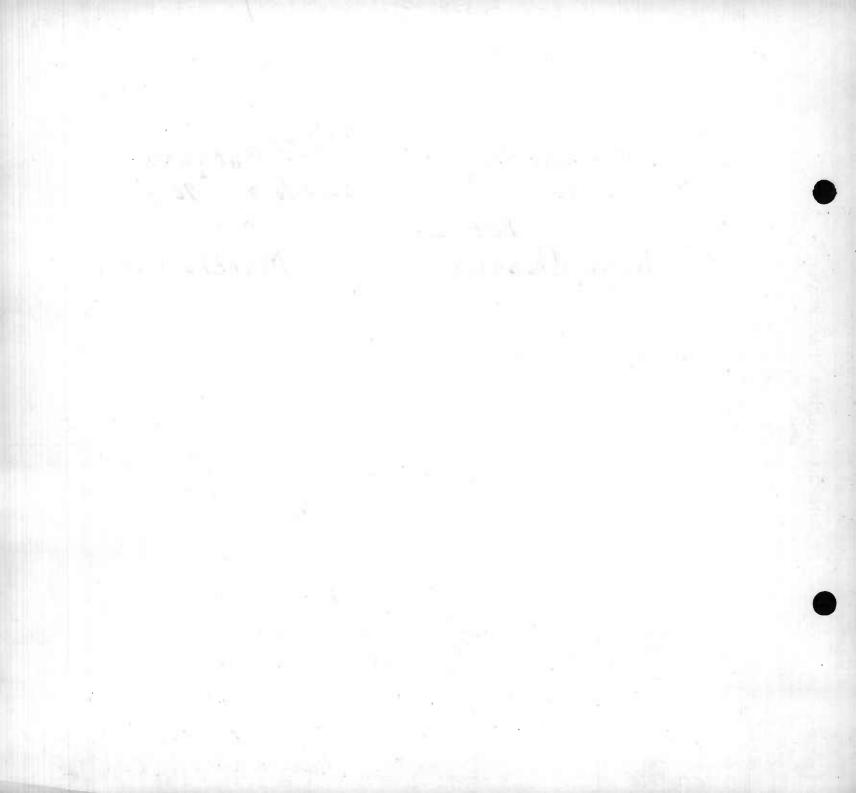
BIRTH NO.		3.00	CERTIFICA	TE OF DEAT		00 1000
Type of Print)	MACK (Mike	-Mica	l) Coans		bruary 7, 1	
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONO		4. USUAL RESIDENCE	(Where deceased lived. If COUNTY	institution: residence before odmission)
				BALTIMORE	FD.	YES NO .
00 44:	3 Watty Cour	rt.		E. STREET AND NUMB		
M.	6. RACE		NEVER MARRIED DIVORCED	8. DATE OF BIRTH 11-18-1896	9. AGE (In years tast birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	CUPATION (Give kind of work f working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of SOUTH CA		U.S.A.
FATHER'S NA	ME	1		14. MOTHER'S MAIDEN	INAME	
CO	LEMAN COANS			U	NK.	
	d Ever in U. S. Armed For n) (If yes, give wor or dote		SECURITY NO.	Mrs. Juani	ta Coans	443 Watty Court
UN DERLYIN OTHER SIGNI TO THE DEA DISEASE OR	OR CONDITIONS, if the above couse (A) is G CONDITION lost. / II IFICANT CONDITIONS COLUMN CONDITION GIVEN IN PART FOR PERATION 198. CONDITION S PER	NTRIBUTING TE TERMINAL T 1 (A). DITION FOR V	(c)	A CONSEQUENCE OF: 20 A. AUTOPSY? (Yes		E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRI	ENT WAS UNDERLYING	218	PLACE OF INJURY (e.g., ie, form, factory, street, o	in or about 21 C. WHERE D	ID (If in Boltim	ore City, give exact location)
	y medicat examiner) (Month) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DIE	O INJURY OCCUR?	
that (1) (we	y that (1) (this hospital) last saw the deceose and from the couses stat) attended to	he deceased from 3	Se 15		pinian death accurred on the dat
23A. SIGNAT	la la	270	DEGREE Phy	ending Med. S. Director	Staff Phys.	238 DATE SIGNED 2-68
23C. PHYSICI NAMEY	12/11/20 M	~19,	Mattg DEGREE	23D. ADDRESS	to get a	mybus
REMOVAL	(Specify)		AME of CEMETERY OF CR			City, town, or county) (Stote)
BURIAL	2-12-6 D BY HEALTH DEPT.		Itimore Nat	25C. FUNERAL DIRE	Baltimore,	Maryland
EE	B 1968 ()	Cours &	, tarkey and	MORTON &	DYETT F.H.	1701 Laurens



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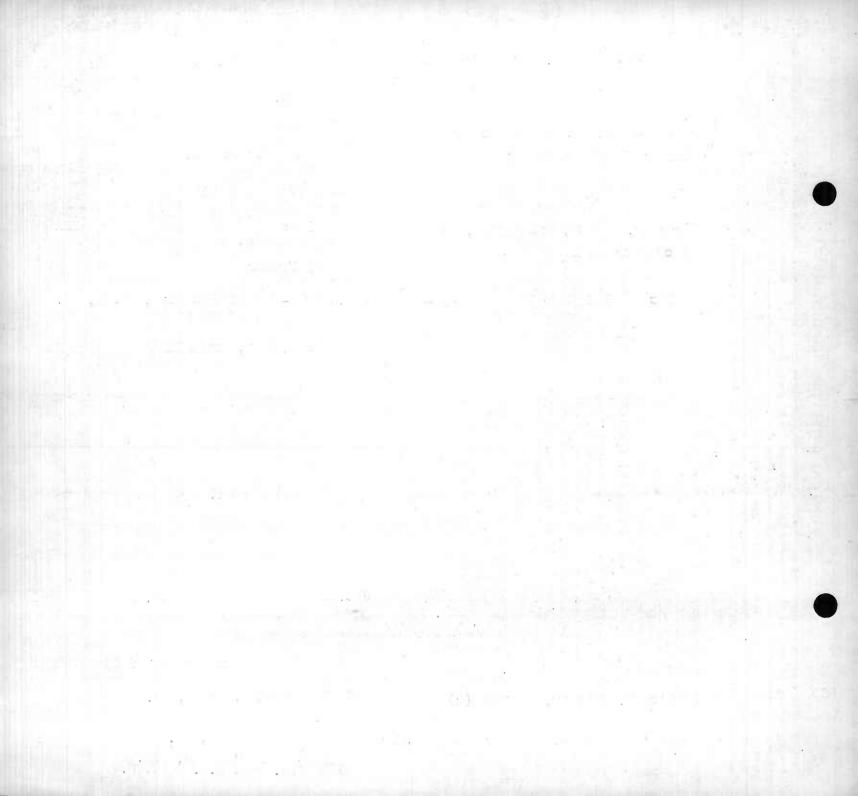
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NO If Under 1 Yr. If Un Months Doys Hours If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Battimare City, give exact location) ond that in (my) (our) opinion death occurred an the date 23B, DATE SIGNED



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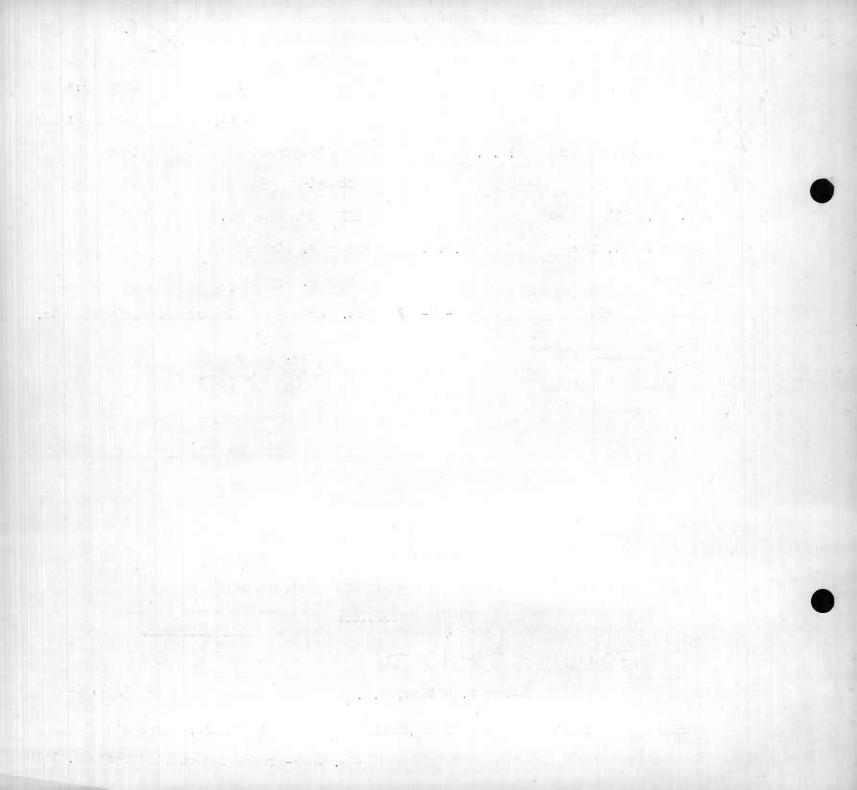
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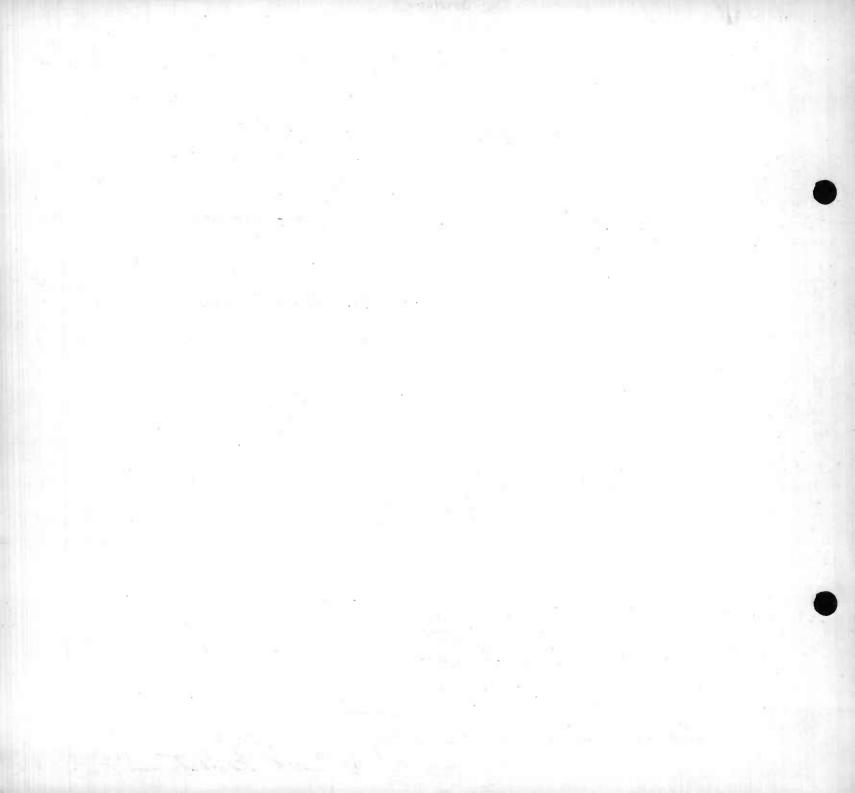


68- 1598	BALTIMORE CITY HEALTH DEPARTMENT
LAFRICAL	EVALUATION CENTIFICATE OF DEAT

BALTIMORE CITY HE	68-1548
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REGINO.
BIRTH NO. 1. NAME OF DECEASED	2. DATE Known XX Month Doy Yeor Hour
(Type or Print)	OF The state of th
DONALD SIEPERT 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimated 2 6 68 3:40 p M. 3. DATE Manth Day Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	February 6 1968 3:40 pm.
OK INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived, if institution; residence before odmission) A. STATE B. COUNTY
Sinai Hospital D.O.A.	Maryland Baltimore
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED ☐ DIVORCED ☐	Timonium YES NO X
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	
Aug. 15, 1922 lost birthdoy) Months, Doys, Hours, Min.	155 Springside Dr.
11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF	13. FATHER'S NAME
Coder Fella Torio WHAT COUNTRY?	Hormon H. Cionant
Cedar Falls, Iowa U.S.A. 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	Herman H. Siepert
done during most of working life, even if retired)	
Saleman 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	Anna G. Arnold 18 INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	18. INFORMANT ADDRESS
WWII yes WWII 485-12-5475	Mrs. Norma Gene Siepert 155 Springside Rr.
19. 1980, 3 CAUSE OF DEA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	A Company of the Comp
LEADING TO DEATH (A)IMMEDIATE	CAUSE Doriden and Alcohol
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	XXXXXXXXXXXXXX ingestion
injury or complication which coused death.)	
ANTECEDENT CAUSES (R)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS DEDUCABLE
DATE OF OPERATION VI	AS PERFORMED 21. AUTOPSY? (Yes or No)
	YES
22A. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB. home, form, foctory, street, office uting Cause of Death. Unknown	in or obout 22C, WHERE DID (If in Boltimore City, give exact location) to bldg., etc.) INJURY OCCUR?
☐ UTING ☐ CAUSE OF DEATH. Unknown	Unknown
OF INJURY (Month) (Doy) (Yeor) (Hour) 22E INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROV.) TT 1 WHILE AI NOT	WHILE Unknown
23.	
I certify that I held an Inquiry Inspection Au	and that an this basis, death in my opinion
resulted from: Natural causes Accident Suici	de Homicide Undetermined manner 🛚
1 1 1 1 1	CHIEF MEDICAL EXAMINER
ACTUAL TO I SILVE TO I SILVE	ASSISTANT MEDICAL EXAMINER X
SIGNATURE M.C	ASSOCIATE MEDICAL EXAMINER
	AJJUCIAIE MEDICAL EXAMINEK
NAME (Type)	February 7, 1968
NAME (Type)	M D February 7, 1968 or CREMATORY [24D. LOCATION (City, town, or county) (Stote)
NAME (Type) 24A. BURIAL CREMATION, PARENTE PROVAL (Specify) REMOVAL (Specify) Edward F. Wilson 1 24C. NAME of CEMETERY	
NAME (Type) 24A. BURIAL CREMATION, PARENTE PROVAL (Specify) REMOVAL (Specify) Edward F. Wilson 1 24C. NAME of CEMETERY	ional Baltimore, Maryland (Stote)
NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)

VS 151-REV. 1/1/6B 9 9 9 6





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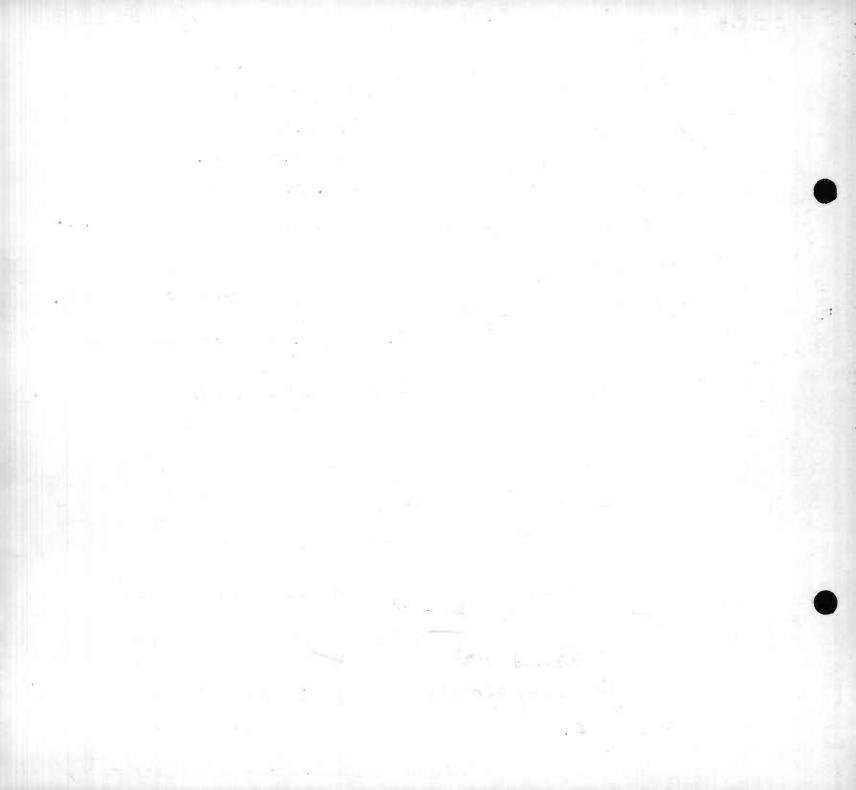
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REG. NO	68- 1603
ry 8, 1968	3:10 A.
I. INSIDE	CITY LIMITS?
AGE (In years II	f Under 1 Yr. If Under 24 Hr.
st bigthday) M	Nanths Days Hours Min.
cauntry) 1	U. S. A.
icas	
Harry J And	derson Tower Bl
	BETWEEN ONSET AND DEA
20B. IF YES, WERE FINI IN CERTIFYING CAUSE	DINGS CONSIDERED
(If in Baltimore C	City, give exact location)
32	ary 8, 19 68 in death occurred on the de
23	B, DATE SIGNED
raff X	2/8/68
n Raven Blvd	., Baltimore, Mo
timore, mary	ADDRESS
	venue Age (In years is bishday) icas Harry J And Advanced cauntry) icas Harry J And Advanced characterist: (If in Baltimore Control RY OCCUR? 68 to Februa in (My) (our) opinion control Raven Bl.vd

12 18 80 77 Committee and the second second second THE REPORT 1 574.00 C 1436.40 8 - 0 00 DN Servert. EVELODE IN TAX SO I SECURE SELE THE BEHOLDE DALER PROPERTY OF

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart foilure, osthenia, etc. II means the disease, injury or camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. TIME (Month) (Doy) (Year) (Hour) 21E. INJUR While At Work 22. 1 certify that (I) (this hospital) attended the decay.	GIVE STREET C. C	Maryland City Or Town Middle Ri Street AND NUM Life River Date of Birth Sept. 27, Birthplace (Stole Maryland Mother's Maid Vera Clu Informant Phyllis	Palimere ABER Therme Rd 1917 9. AGE (In lost birthday 7) or foreign country) EN NAME	D. INSIDE CITY YES yeors If Un Month 12. C	NO January 1 Yr. If Under 24 Has Doys Hours Min.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED FULL NAME OF ADDRESS OR LOCATION) City Hospital 5. SEX 6. RACE White 10A. USUAL OCCUPATION (Give kind of work) done during most of working life, even if refired) Uphelsterer 13. FATHER'S NAME Frank Schmitt 15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) Uff. Yos, give wor or dotes of service) 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does nal mean the made of dying, e.g., heart foilure, osthenia, etc., It means the disease, injury or camplication which coused dooth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stalling the UNDERLYING CONDITION last. VOI THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJUR Work APPROX.) 22. I certify that (I) (this hospital) ottended the dece	GIVE STREET GIVE STREET C. C. E. S VER MARRIED DIVORCED ESS OR INDUSTRY 11. I CURITY NO. 5-07-3320 AUSE OF DEATH (A) IMMEDIATE CAUSE DUE TO, OR AS A CO	Maryland City OR TOWN Middle Ri STREET AND NUM LIG RIVE DATE OF BIRTH Sept. 27, BIRTHPLACE (Stole Maryland MOTHER'S MAID Vera Clu INFORMANT Phyllis	Palimere ABER Therme Rd 1917 9. AGE (In lost birthday 7) or foreign country) EN NAME	D. INSIDE CITY YES [yeors If Un Month 0	ADDRESS ADDRESS APPROXIMATE INTERVALE
FULL NAME OF HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION) City Hospital 5. SEX 6. RACE White 10A. USUAL OCCUPATION (Give kind of work log, KIND OF BUSIN done during most of working life, even if retired) Uphelsterer 13. FATHER'S NAME Frank Schmitt 15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III. yes, give wor or dotes of service) 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does nal mean the made af dying, e.g., heart foilure, osthenia, etc. II means the disease, injury ar camplication which coused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the abave couse (A) stalling the UNDERLYING CONDITION last. NO OF CONTRIBUTING CONDITION SPENTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING Form, etc., or contributing CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJUR Work APPROX.) 22. I certify that (I) (this hospital) ottended the decease of the contribution of the decease of the contribution of the decease of the contribution of the contribution of the decease of the contribution of t	GIVE STREET C. C. E. S VER MARRIED B. D DIVORCED 11. II CURITY NO. CURITY NO. CURITY NO. CURITY NO. CAUSE OF DEATH (A) IMMEDIATE CAUSE DUE TO, OR AS A CO	Maryland City OR TOWN Middle Ri STREET AND NUM LIG RIVE DATE OF BIRTH Sept. 27, BIRTHPLACE (Stole Maryland MOTHER'S MAID Vera Clu INFORMANT Phyllis	Palimere ABER Therme Rd 1917 9. AGE (In lost birthday 7) or foreign country) EN NAME	D. INSIDE CITY YES [yeors If Un Month 0	ADDRESS ADDRESS APPROXIMATE INTERVALE
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Male White Whole White Widowell 108, KIND OF BUSIN done during most of working life, even if refired) Upholsterer Furnitur 13. FATHER'S NAME 16. SC 16. SC	CIAL CURITY NO. CIAL CURITY NO. CAUSE OF DEATH (A) IMMEDIATE CAUSE DUE TO, OR AS A CO	DATE OF BIRTH Sept. 27, BIRTHPLACE (Stole Maryland Mother's Maidle Vera Cla Informant Phyllis	rtherne Rd 1917 9, AGE (In 1917 or foreign country) EN NAME	yeors If Un Month	ADDRESS APPROXIMATE INTERVALE ADDRESS APPROXIMATE INTERVALE
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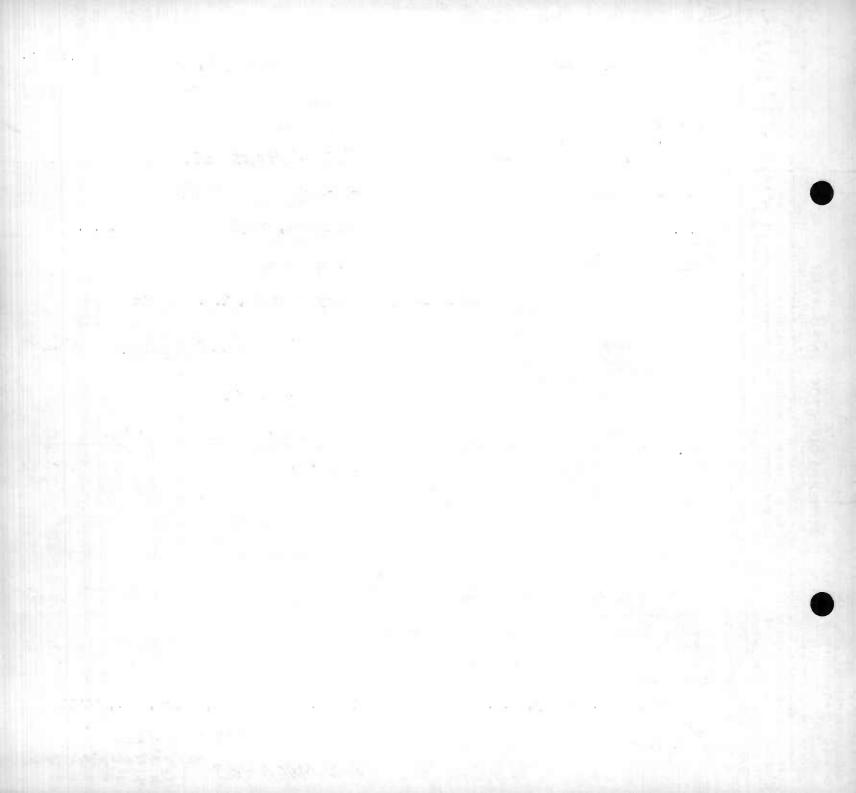
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BALTIMORE CITY HEALTH DEPARTMENT

REG. NO. 68- 1608

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INAME OF DEC	CEASED					2.	DATE AN	D HOUR OF	DEATH		9:15 A.
_	Emily Catheri							ary 7,			N
3. PLACE IN BAI	TIMORE, MARYLAND, W	HERE PRO	NOUNC	ED DEAD	A. STAT		B. COUN	e deceased live TY	ed. If institut	ion: residenc	e before admission)
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INS	OTTUTITE	N, GIVE STREET		ryland				/:	7-0/
Keswick	Home for Incu	rable	S			OR TOWN			D. INSIDE C	SKI	поП
700 W. 4	Oth Street					ET AND N			16.	· E	140
Baltimor	e, Maryland	21211			70	7 W.	, 40u	th ST.			
5. SEX	6. RACE	7. MARRI	ED N	NEVER MARRIED	8, DATE	OF BIRTH		ost birthday	rs If	Under 1 Yr.	Il Under 24 Hrs.
m female	white	WIDOW		DIVORCED [-1882					
	UPATION (Give kind of work working life, even if retired)	10B. KIND	OF BUS	INESS OR INDUSTR	11. BIRT	HPLACE (S	tote or forei	gn country)	12	, CITIZEN O	F WHAT COUNTRY
R.N.					Bal	timor	e, Mar	yland		U.S.	Α.
13. FATHER'S NA	ME				14. MO	THER'S MA	AIDEN NAA	ΛE			
	Sampson				1	nna R	auch				
15. Was Deceased	d Ever in U. S. Armed For	ces? s of service		SOCIAL SECURITY NO.	17. INFO	RMANT				ADD	RESS
no				0-30-2661	Ma	ry Di	Paula	, R.N.	Keswi	ck Hom	e
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and haur ar	nd from the causes sta	red abave	e MINW	e) (did) (dtd not)	view the	bady aft	er death.				
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23 C. PHYSICI NAME (/	DEGREE	23 D. ADI	DRESS					
	ard K. Gundry			OEGRE				reet, B			1211
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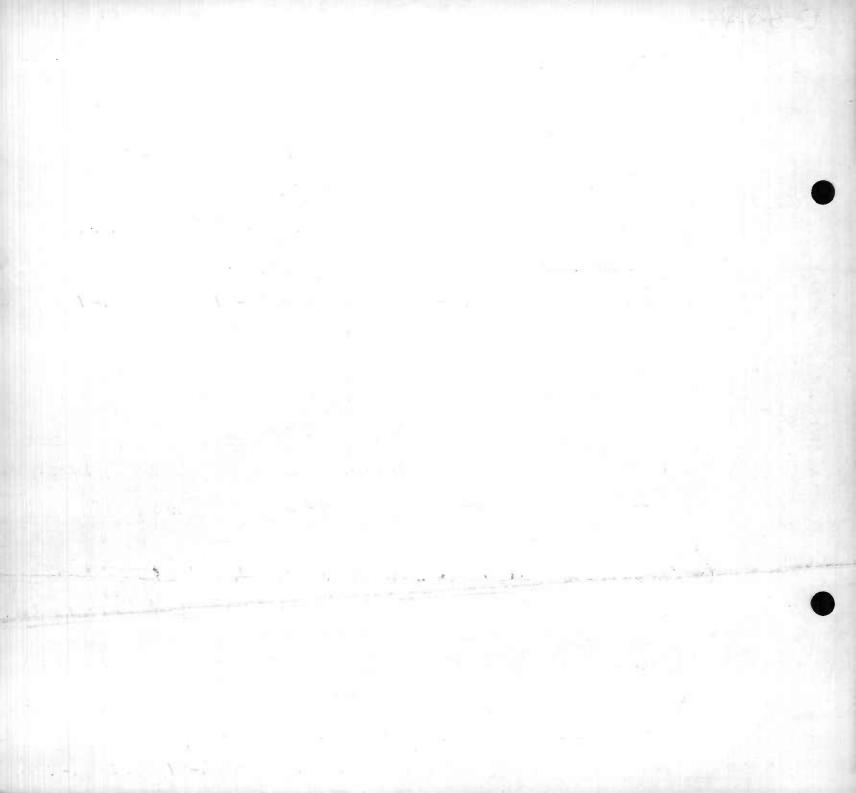


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Burial Feb. 13/68 Glen Haven Memorial Park Glen Burnie, Maryland A. DATE RECTO BY HEALTH DEPT. 2SB. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS				
Richard V. Singleton Glen Burnie. Mo		Glen Haven Mem	nrial Park Glen Bu	rnie, Maryland

258

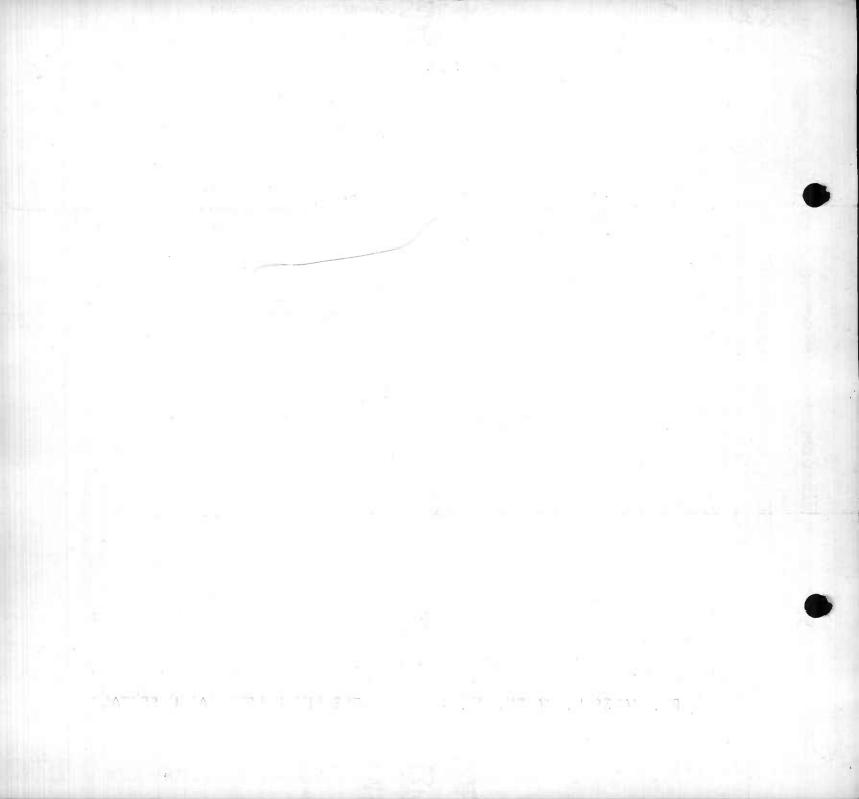
Richard V. Singleton Glen Burnie, Md.

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NAME OF DECEASED Type or Print)	2. DATE AND HOUR OF DEATH
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B. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission) A. STATE 8. COUNTY
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FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STI	C. CITY OR TOWN D. INSIDE CITY LIMITS!
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one during most of working life, even if retired)	C. P.S. D. VSA
REDITY EDITOR NEWSPORE 12	GRAND KAPIOS PICHICAL
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Arthur Leuis	Margary + Peterlein
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es, no or unknown) (If yes, give wor or dotes of service) SECURITY N	NO.
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the state of the same 723 93 94 TES MARKETTER STATE margin San 219 3- 1848 Karal - 1848

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	AME OF DECEASED OF Print) MARY. M	. LATORRE	E 2. DATE AND HOUR OF DEATH	168 1 9-45 P.
3. P	LACE IN BALTIMORE, MARYLAND, WH	IERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If i	nstitution: residence before admission
HO	TITITION	L OR INSTITUTION, GIVE STREET	C. CITY OR TOWN D. INS	SIDE CITY LIMITS?
	// Baltimor	e. 21216 1 hospital.	E. STREET AND NUMBER	YES NO
-			5131 Westland B	
S. \$1	emale white	WIDOWEDE DIVORCED	B. DATE OF BIRTH 1904 9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work) during most of working life, even if retired)	OB. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTE
gone	Housewife	Retired	marriand	U-S.A.
13. F	ATHER'S NAME Carmello D	antoni	14. MOTHER'S MAIDEN NAME	
	FMPHYYKIIIHINIK		Minnie Coloreta	
S. V	Vos Deceosed Ever in U. S. Armed Force, no or unknown) (If yes, give wor or dotes	of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT Mr. Nicholas Lato	rre ADDRESS
100	No -	None	MAHANDEI 11844M/9 43	
	18.707 V	CAUSE OF DE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
NO	uise to the above cause (A) UNDERLYING CONDITION tast. 7 9 X II OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE	(C)	AS A CONSEQUENCE OF:	
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	(APPROX.)	Work LAt W		
	22. I certify that (t) (this hospital) that (以(we) lost sow the deceased and hour and from the couses state	olive on & - 7		Inion deoth occurred on the do
				23 B. DATE SIGNED
	23A. SIGNATURE	DEGREE	Attending Med. Staff Phys. Director Phys.	2-7-68
	22 C BUYCICI AND	A DE - A T	23D. ADDRESS	
	NAME (Type) BIPIN.	H. DEZHT.	10	nospital.
		124C. NAME of CEMETERY of New Cathedra	REE 24D. LOCATION (C	ity, town, or county) (Stote)

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THE RESERVE AND ADDRESS OF THE PARTY OF THE

68	1616 BALTIMORE CITY	HEALTH DEPARTMENT	68-1616
	CERTIFICA	TE OF DEATH REG NO	00 20110
BIRTH NO. 1, NAME OF DECEASED		2. DATE AND HOUR OF DEATH	1
(Type or Print)		2/9/68	3 0.
Kristina W. Nord 3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If	institution: residence before edmissi
		A. STATE B. COUNTY	(5
FULL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION	R INSTITUTION, GIVE STREET	Md. XXXXXX Howa:	A3
INSTITUTION			SIDE CITY LIMITS?
Kenesaw Nursi		Harwood Pk. Balto. E. STREET AND NUMBER	YES NO K
2601 Ra Ros I			227
Baltimore, Mo	1. 21216		227
5. SEX 6. RACE 7. M	ARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years tost birthday)	Months Doys Haurs Min.
Female White with	DOWED X DIVORCED	2/23/76	
IOA, USUAL OCCUPATION (Give kind of work 10B, I done during most of working life, even if retired)	AND OF BUSINESS OR INDUSTRY	11. BtRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUN
Machine Operator	Retired	Sweden	USA
3. FATHER'S NAME	200 0 2 2 0 0	14. MOTHER'S MAIDEN NAME	
		Christina	
August Gustafson			
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of s	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	212-18-9567	Mr. Eric R. Nord, 2112 Wo	odburn Ave. 2122
heart failure, asthenia, etc. It means the rinjury or complication which coused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stati	(B)	A CONSEQUENCE OF:	
UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A) 1994. DATE OF OPERATION 1988. CONDITION WAS PERFORM	MINAL N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B, IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i hame, larm, lactory, street, a etc.)	n or obout 21 C. WHERE DID (If In Baltime	are City, give exoct lacotian)
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22. I certify that (I) (this hospital) atte	ended the deceosed from	1/3 1968 10 3	19.6
that (I) (we) lost sow the deceased oil	ve on 2/6	1968 and that In(my) (our) of	pinlon deoth occurred on the
ond hour ond from the couses stoted o	bove. (1) (We) (did) (d idenet) v	riew the body ofter deoth.	
Rabenta, Rev	DEGREE Phy		23B. DATE SIGNED 2 9 68
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	10 28
Dr. Robert	Reiter	606 Edmonson Ave.	112 28
24A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CR	EMATORY 24D. LOCATION	City, town, ar county) (State

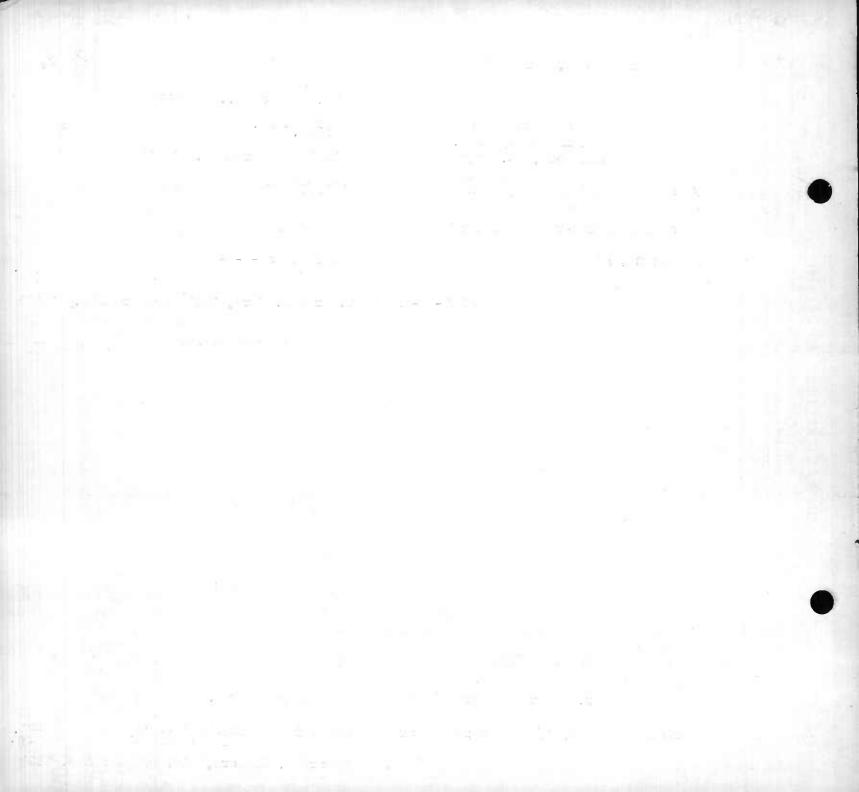
REMOVAL (Specify)
Burial

2/12/68
North Cedar Hill Cemetery
RECKET RECTOR BY HEALTH DEPT.

258. NAME OF REGISTRAR
Philadelphia

250. FUNERAL DIRECTOR
Howard H. Hubbard, 4107 Wilkens Ave. 21229

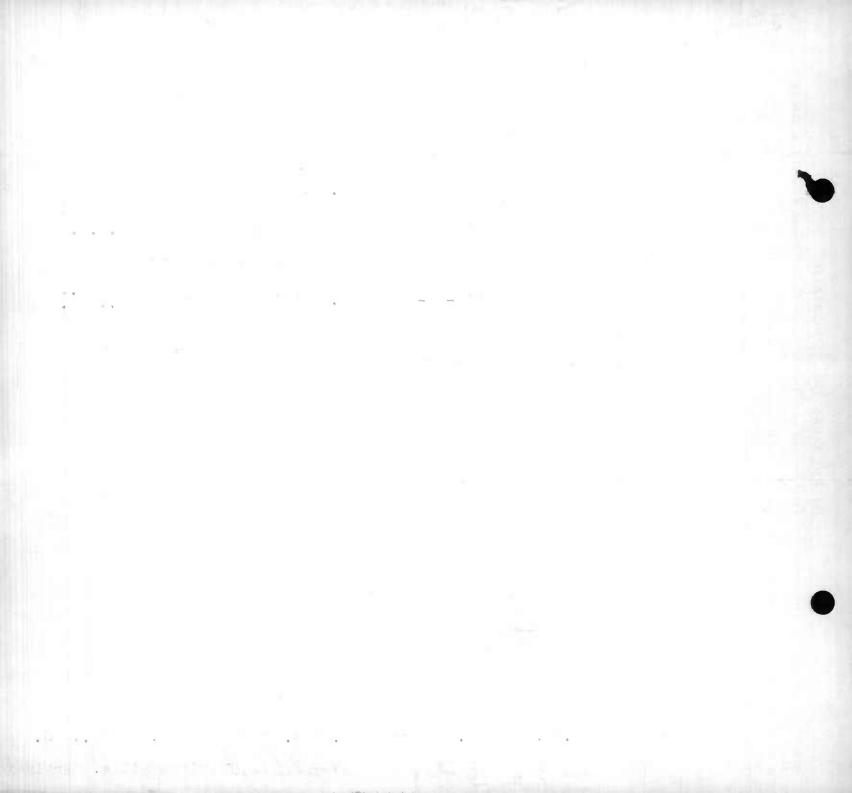
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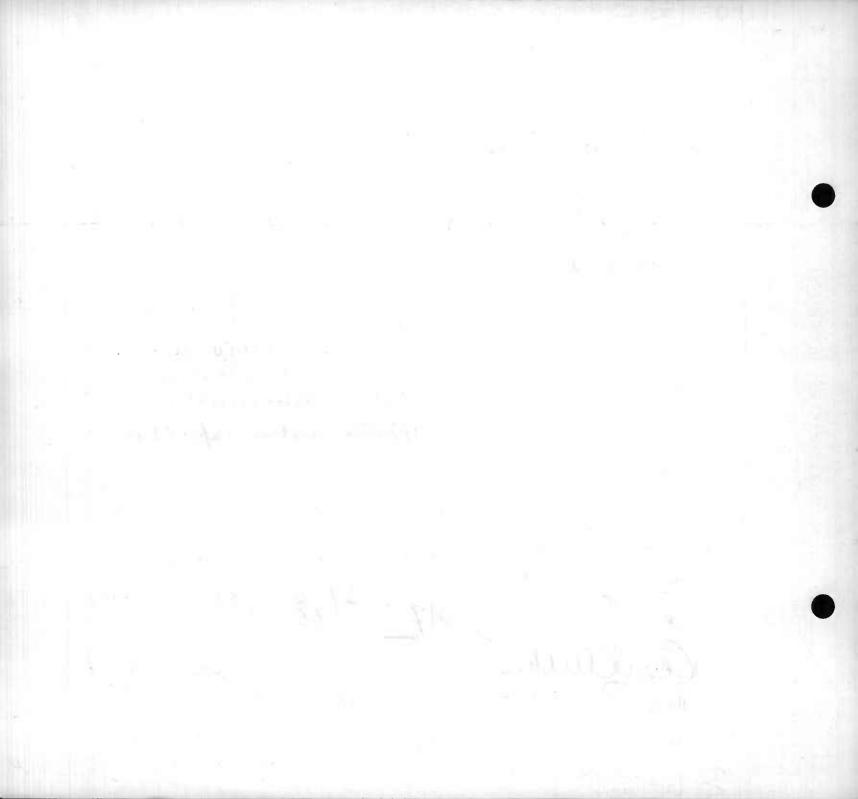
IMPORTANT

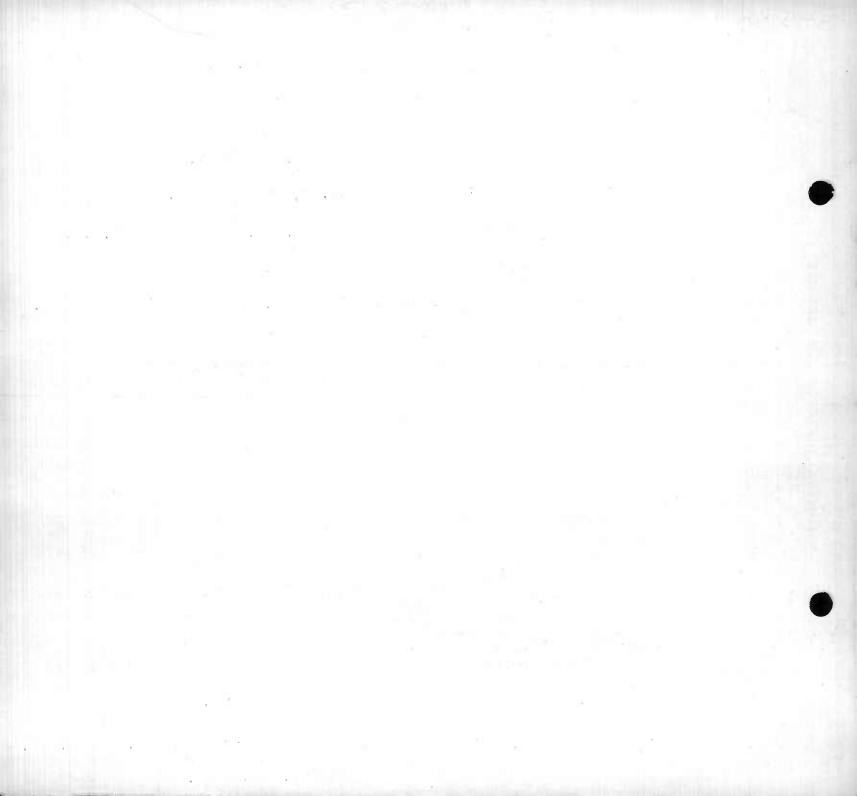
DIRECTOR:

FUNERAL



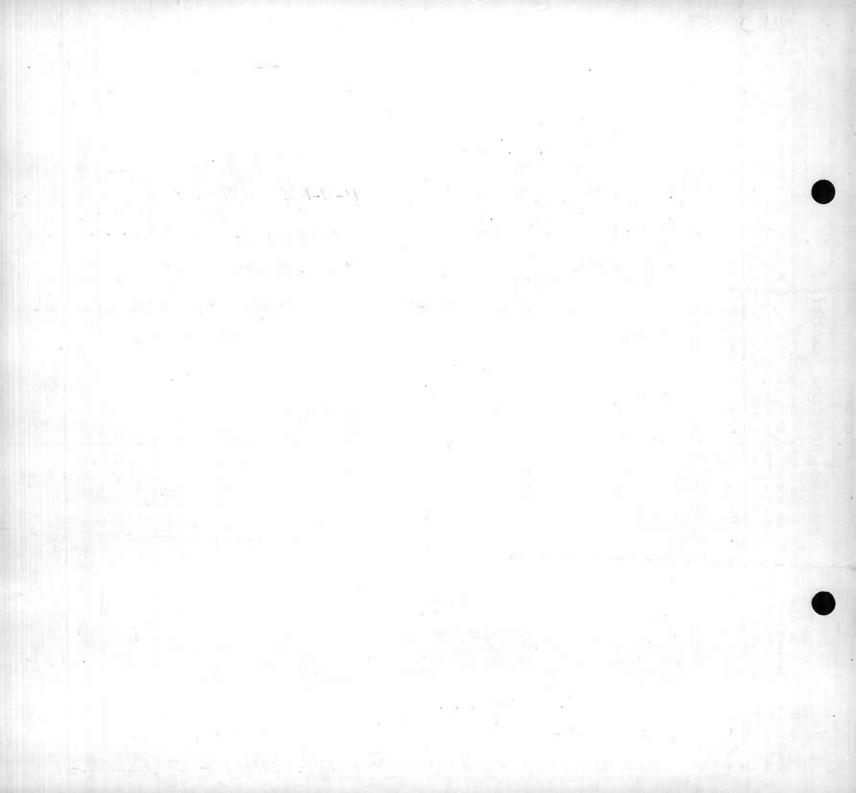
BIRTH NO. 1. NAME OF DECEASED 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY MD. C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO 1. SEX O. RACE MARRIED NEVER MARRIED DIVORCED T. MARRIED NEVER MARRIED DIVORCED DIVORCED T. MARRIED NEVER MARRIED DIVORCED T. MARRIED NEVER MARRIED DIVORCED T. STATE B. COUNTY MD. C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO Months: Days Hours Min. Months: Days Hours Min. Months: Days Hours Min. 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 112. CITIZEN OF WHAT COUNTRY?	00 4	BALTIMORE CITY	HEALTH DEPARTMENT		00 101-
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23A, SIGNATURE Attending Med. Staff Director Phys. 23B, DATE SIGNED 23C-PHYSICIAN'S NAME (Type) Wed. Staff Director Phys. 23D, ADDRESS 23D, ADDRESS 24A, BURIAL CREMATION, REMOVAL (Specify) REMOVAL (Specify) Bunial 2-12-48 Oak Jawn 25B, NAME OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS ADDRESS				(), (ao., up)	account descouled on the date
Attending Med. Shoff Director Phys. Director Directo			The sudy until deallis		238, DATE SIGNED
23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CREMATORY) 24D. LOCATION (City, town, or county) (Stota) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS ADDRESS	Comme Strike	D1	nding Med.	Staff Phys.	2/7/60
HAN WICK DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote) Burial 2-12-48 Oak Jawn 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	23 C-PHYSICIAN'S	OE GREE			1100
24C. NAME of CEMETERY of CREMATORY) 24D. LOCATION (City, town, or county) (Stote) 24D. LOCATION (City, town, or county) (Stote) 25D. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	ILANI PINICKE		W611		
Burial 2-12-68 Oak Faux 25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	4A. BURIAL CREMATION, 24B. DATE 246		MATORY 24D. LO	CATION (C	ty, tawn, ar county) (Stota)
	Busia 2-12-68 1	Dak Lann	7	nd.	
FEB 13 1968 AD A & Faller & Thelmale Hoffmann 3 2/ den st	ruccae				
AZZZIONE IN THE PROPERTY OF TH	AND	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	2/10	



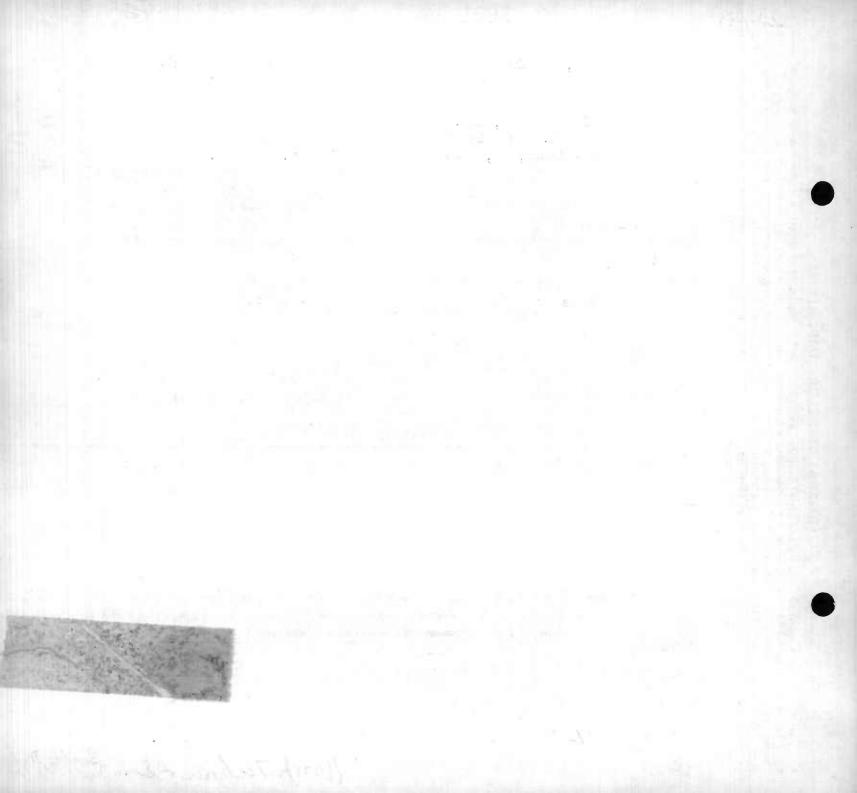


BALTIMORE CITY HEALTH DEPARTMENT This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

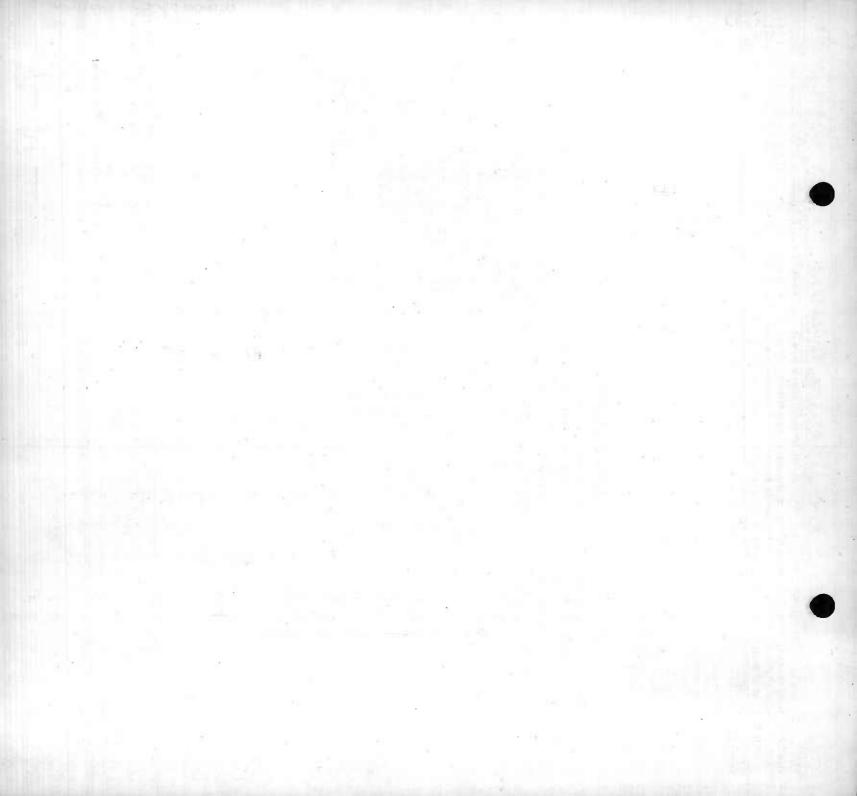
	68	- 16	20 CERTIFICA	TE OF DEATH	REG. NO	68-1620
INAME OF DEC			,,,,,		AND HOUR OF DEATH	
(Type or Print)	amag C Dl			2_7	40	1 8.55 P M
	Ignes C. Plown		OUNCED DEAD	A. STATE B. CO	here deceased lived. If it	nstitution: residence befare admission)
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	(NOIT	TITUTION, GIVE STREET	C. CITY OR TOWN	Baltimore D. INS	SIDE CITY LIMITS?
91	Jenkins Me 1000 Cator Baltimore,	Ave.		Baltimore E. STREET AND NUMBER 4420 Glermo:		YES X NO
5. SEX	6. RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
F.	White	WIDOWI	DIVORCED	71-21-1885	82	
	UPATION (Give kind of work working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stole or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
	ewife	l l	lone	Baltimore,		U.S.A.
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN'N	IAME	
Mathi	as Herbig			Mary E. Rick	zaw.	
15. Wos Deceoses	d Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	Vet	ADDRESS
(Yes, no or unknown	n) (If yes, give wor or dote	s of service	SECURITY NO.			
			212-03-3684	Jenkins Memor	rial Hospital	1000 Caton Ave.
18. 2 3	0.91		CAUSE OF DEAT	TH 1- 2 - 5	<i>p</i>	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A) IMMEDIATE CA	USE	Hodo Clif	das years
	nal mean the made of , asthenia, etc. It meons			A CONSEQUENCE OF:	1 11 1	
	mplication which caused		MI	better 11	Matris	6000-
100	ANTECEDENT CAUSES		w.m.	10/2		June
DISEASES	OR CONDITIONS, if	anv. aivi	DUE TO, OR A	5 A CONSEQUENCE OF:		
rise la 1h	ne abave cause (A) G CONDITION last.			lem		yearse
TO THE DEA	FICANT CONDITIONS CO	HE TERMINA				
	F OPERATION 198. CON WAS PER	DITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF	- I		in or about 21 C. WHERE DID office bldg., INJURY OCCUR?		re City, give exoct location
21D. TIME OF INJURY (APPROX.)	(Month) (Day) (Year)		While At Not Wh	ile 🖂 🗸	NJURY OCCUR?	7
			Work L At Work		6 Y	Toll 1
	y thot <u>(I) (</u> this hospita) last saw the deceose		7-1	19 68 and	that in (my) (our) op	inian deoth occurred on the dat
				view the body ofter deat		
23A. SIGNAT	1	1	1 0			23B. DATE SIGNED
dell	yours y	poli	SEGREE PH		Staff Phys.	2-7-68
NAME	Type)		0	23D. ADDRESS		
	Manuel deJ. R.	odrigu	ez, M.D. DEGREE	PENA A TORY	LOCATION	Chu Iana a constitu
REMOVAL BURIAL CRI	(Specify)		Holy Redeemer (altimore, Mary	city, town, or county) (State)
	BY HEALTH DEPT.	25B. NAM	E OF REGISTRAR	25C. FUNERAL DIRECT	OR	ADDRESS
1 da H	VA 1900 ()	400	Scalley M.A.	John C. Mil	ler Inc-6415	Belair Rd21206



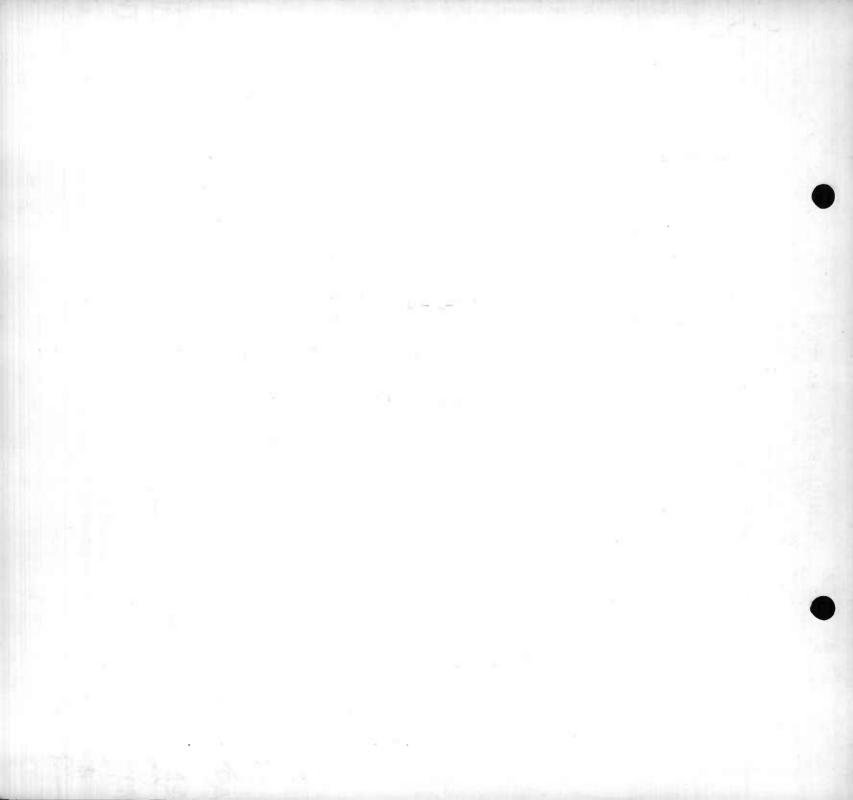
CERTIFIC	CATE OF DEATH REG. NO.
BIRTH NO. 1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH
Type or Print! Fogle, Calvin	Jeh 8 68 122
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admir
	A. STATE B. COUNTY Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	//
Midtown Home, Inc.	C. CITY OR TOWN D. INSIDE CITY LIMITS?
808 St. Paul Street	Baltimore YES NO
	E. STREET AND NUMBER
Baltimore, Md, 21202	808 St. Paul St.
6. RACE 7. MARRIED NEVER MARRIED	
M WIDOWED X DIVORCED	
OA. USUAL OCCUPATION (Give kind of work] 10B. KIND OF BUSINESS OR INDUS done during most of working life, even if retired) Handyman — retired	TRY 11. BIRTHPLACE (State or fereign country) 12. CITIZEN OF WHAT COU
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
?	?
S. Was Deceased Ever in U. S. Armed Ferces? 16. SOCIAL	17. INFORMANT ADDRESS
Yes, no or unknown) (If yes, give wer er detes ef service) SECURITY NO.	
No None 214 14 379	7 A Nursing Home records
18. 24 1 CAUSE OF DE	A SETTIMENT CHIEFT AND
DISEASE OR CONDITION DIRECTLY	dis-Respirato Failed SETWEEN ONSET AND
LEADING TO DEATH	
(This does not meen the made of dying, e.g., DUE TO, OR	AS A CONSEQUENCE OF:
heart failure, osthenia, etc. II means the disease, injury er cemplication which caused death.)	tmita
	no no nociona
\0/	2 Renge 8256 856
DISEASES OR CONDITIONS, if any, giving DUE TO, OR rise to the above cause (A) stating the	
UNDERLYING CONDITION last, (C)	10041).
422.1	
Z '	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL ODDIES OF CONDITION GIVEN IN PART 1 (A).	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
w	.g., in or ebout 21 C. WHERE DID (If in Beltimere City, give exect lecetion)
OR CONTRIBUTING CAUSE OF heme, ferm, fectory, street etc.)	i, effice bldg., INJURY OCCUR?
O	
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work Net W	
22. I certify that (1) (this haspital) attended the deceased from	
that (1) (we) lost saw the deceased alive on	8 19 6 8 ond that In(my) (opinion death occurred on the
ond hour and from the couses stated above. (1) (Walliam) (did no	t) view the body ofter deoth.
23A. SIGNATURE	23B. DATE SIGNED
	Attending Med. Staff
VEGREC OF STREET	Phys. Directer Phys.
23C. PHYSICIAN'S NAME (Type)	
Willmo ApplEFEZO OEG	SREE 6619 Meisters town 12
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF	
Burial 2/12/68 Loudon Park Co	Poltimore Ma
2SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C/FUNERAL DIRECTOR
EFB 13 196X 1 6 8 5 1 1 14	Wilmin Juhn of Sens horter LI
/S 150-REV. 1/1/68	The state of the s

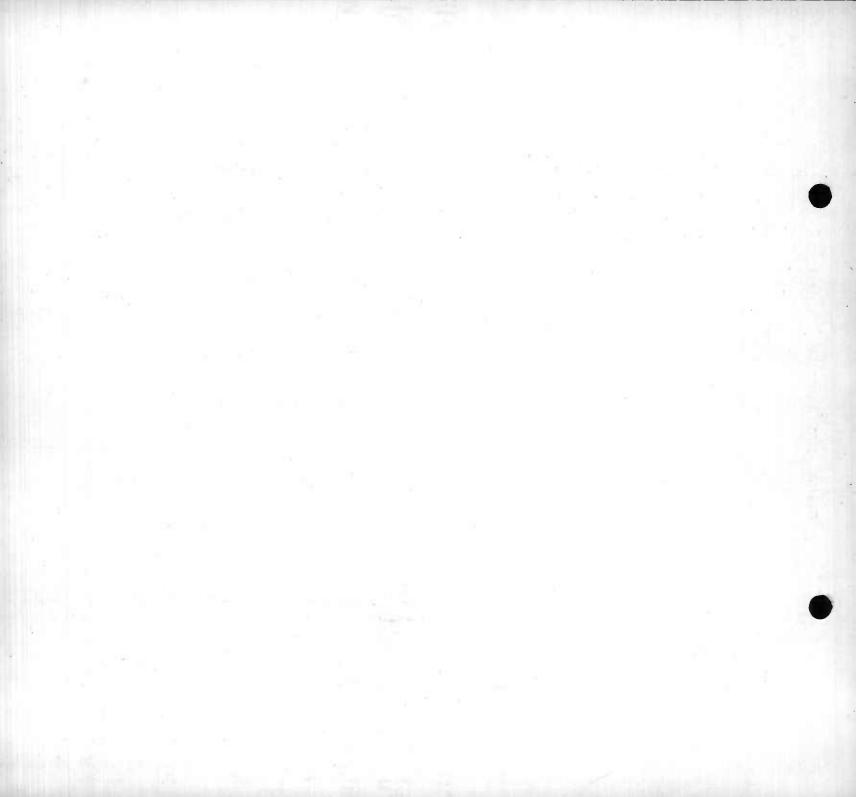


09. 40	BALTIMORE CITY	HEALTH DEPARTMENT	00- TOKE
68- 16	CERTIFICA	TE OF DEATH REG. NO	D
IRTH NO.			
ype or Print) TOSEPH S	AUA9E	2. DATE AND HOUR OF DE	68 5 PM
PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Where deceased lived	
ULL NAME OF (IF NOT IN HOSPITAL OR IN		A. STATE B. COUNTY	27-14
OSPITAL OR ADDRESS OR LOCATION)	LOSPITAL	BALTIMORE D.	YES NO
		E. STREET AND NUMBER 4	1
2 \ BALTIMORE	Mid.	1 UPLAND R	d.
Mala LA	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 12-18-79 9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min,
A. USUAL OCCUPATION (Give kind of work 108, KIN I	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State ar foreign cauntry)	12. CITIZEN OF WHAT COUNT
Lt. RET USA US	ARMY	CONN,	USA
FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
John SAVAS	76	PATRUles	
. Was Deceased Ever in U. S. Armed Forces? es,no,arunknown) (If yes, give war or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
YES 1901-1937	212-14-3431	HOSP. RECORDS	SAME AS #3
18. / / / 0. 0	CAUSE OF DEAT	H	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		14	BETWEEN ONSET AND DEA
LEADING TO DEATH	(A) IMMEDIATE CAL	USE MYOCARDIAL INFAM	action days
(This does not mean the mode of dying, heart failure, asthenio, etc. 11 means the dise	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	
injury or complication which caused death.)	1036,		
ANTECEDENT CAUSES	H	ASCUD	YEARS
DISEASES OR CONDITIONS, if ony, gir	vina DUE TO, OR AS	A CONSEQUENCE OF:	
rise to the obove couse (A) stoting			
UNDERLYING CONDITION last.	(c)		
42011 11			
5 OTHER SIGNIFICANT CONDITIONS CONTRIBUTI = TO THE DEATH BUT NOT RELATED TO THE TERMIN			
DISEASE OR CONDITION GIVEN IN PART 1 (A).	.0**************	20A. AUTOPSY? (Yes or No.) 20B, IF YES, W	VERE FINDINGS CONSIDERED
WAS PERFORMED		YES	VERE FINDINGS CONSIDERED CAUSES OF DEATH?
O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)	218. PLACE OF INJURY (e.g., home, farm, foctary, street, o etc.)	n or about 21 C. WHERE DID (If in Ba ffice bldg., INJURY OCCUR?	lltimbre City, give exact lacation)
21D.TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
(A PPROX.)	While At Not While At Work		
22. I certify that (1) (this haspital) ottend	ed the deceased fram	2-6-68 1968 10	2-9-65 19 64
that (we) last sow the deceased alive	on FPB 9	19 68 and that in (my) (our) apinlan death occurred on the d
and have and from the causes stated abov	1		
23A. SIGNATURE	() () (did) (did) (did)	Ten the body direct deaths	238, DATE SIGNED,
William & William	MD DEGREE	ending Med. Staff Phys.	2/10/08
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	
William - Will	KIE MOGREE	SAME AS #	3
4A. BURIAL CREMATION, 248. DATE 24	C. NAME OF CEMETERY OF CR	EMATORY 24D. LOCATION	(City, town, or county) (State)
Burey 113/68/	sallo-lalu	nat uner of all	0., Ind 1
SA. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS



		HEALTH DEPARTMENT 68- 1623
	BIRTH NO. 68- 1623 CERTIFICA	TE OF DEATH REG. NO.
	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	ruth A. waters	2-10-68 11:30 Am.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland 2/-/0
	HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	4.8	Paltimore YES NO
	Maryland General Itos	2211 W. Rogers Ave.
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
	WIDOWED DIVORCED	8-28-94 lost birthday 3 Months Doys Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	
	No we	Maryland U.S.
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	James Asher	Mary Branble
1		17. INFORMANT ADDRESS
	220-36-0188 A	danes Asher 1304 E. 36th St.
	18.410.9 CAUSE OF DEATH	
	DISEASE OR CONDITION DIRECTLY Acute	Misser 1.1 To Contract 1 1 0
	(A) IMMEDIATE CAU	SE 4
	heart foilure, osthenio, etc. Il means the disease,	A CONSEQUENCE OF:
	ANTECEDENT CAUSES ANTECEDENT CAUSES Arterioscie	protie Heart Disease
		A CONSEQUENCE OF:
	rise to the above couse (A) stating the	A CONSEQUENCE OF
	UNDERLYING CONDITION last. (C)	
١	420, / II	
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO ISEASE OR CONDITION GIVEN IN PART 1 (A).	
ı		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
I	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID (If in Baltimore City, give exact location) fice bidg., INJURY OCCUR?
1	Q 21D TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	(APPROX.) While At Not While Man Work At Work	
1	22. I certify that (1) (this hospital) attended the deceased fram	Feb. 8 1968 to Feb. (0 1968.
	that (1) (we) last saw the deceased alive on Feb. 10	2 19 68 and that in(my) (aur) opinion death occurred on the date
	ond hour and from the couses stated obove. (1) (We) (did) (did not) v	
	23A. SIGNATURE	23B, DATE SIGNED
	William & Doddie Bickel Phys	nding Med. Staff 2 2-10-68
İ		23D. ADDRESS
	DEGREE	Maryland General Hospital
	24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CRE	MATORY 24D. LOCATION (City, town, or county) (Stote)
	Burial 2/14/68 Ebenezer Mem. Ch.	C metery Chase, Md.
	2SA, DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR
	THE RESTRICT OF THE STATE OF TH	19 1. 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	BED Y 1 1900 APOND C' ACMES.	Wmh. I append some houth upa





I would start a time the subsequent wings to

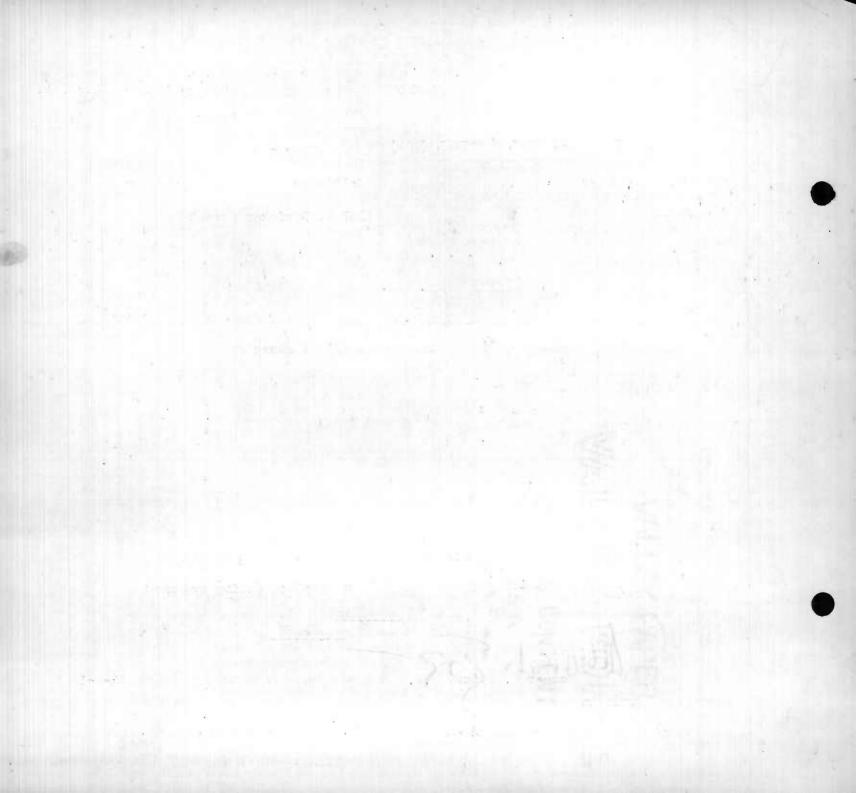
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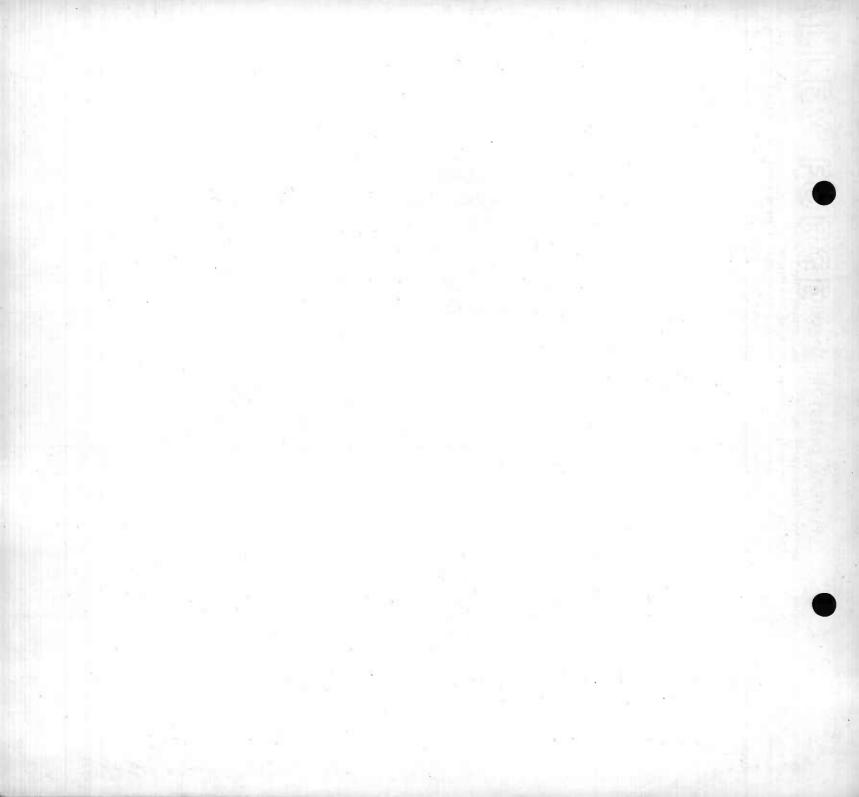
68- 1626 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE	OF	DEATH REG. NO.
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68- 1626

1. NAME OF DECEASED (Type or Print)				2. DATE	Known 🔀	Month	Day	Yeor	Hour
HENRY			JACKSON	OF DEATH	Estimated	Febru	12rv 4	. 1968	1:05 A.M.
4. PLACE IN BALTIMORE, M	ARYLAND, WH	ERE PRONC		3. DATE		Month	Doy		Haur
FULL NAME OF (IF N	OT IN HOSPITAL	OR INSTITUTIO	ON, GIVE STREET	PRONOU	NCED DEAD	Februa	arv 4.	1968	1:05 A M.
HOSPITAL ADDR	RESS OR LOCATIO	ON)		5 USUAL RE				tion: residence bel	
PROVIDE	NT HOSPI	TAL HOS	SPITAL (DOA)	A. STATE			B. COUNT		5 01
4					Maryland		F		3-01
6. SEX 7. RACE		MARRIED	NEVER MARRIED	C. CITY OR			D. INSID	E CITY LIMITS?	
Male Neg	gro	WIDOWED [DIVORCED .	Baltin	nore		7.1	YES X N	0 🗆
9. DATE OF BIRTH	10.AGE (In y	eors If Ur	nder 1 Yr. If Under 24 Hrs.	E. STREET A	ND NUMBER				
3-15-22	last birthday)	Mont	ths Doys Hours Min.	1357 N	. Stricke	r Stre	et		
11. BIRTHPLACE (State or fore	ian country)	12.0	ITIZEN OF	13. FATHER'S		T Dere	COL	-6 -2	
0.0		V	VHAT COUNTRY?					E K Link	
14A.USUAL OCCUPATION (G			J.S.A.	Me	gor Jon	es		"	
done during most of working life, a	ve kind of work 14	B. KIND OF	BUSINESS OR INDUSTRY	115. MOTHER	S MAIDEN NAM	WE			
construction		Wilson	Cons. Co.	Mar	y Jones				
16. WAS DECEASED EVER IN	U.S. ARMED F	FORCES?	17. SOCIAL	IB. INFORM	ANT			ADDRESS	
(Yes, no or unknown) (If yes, give	wor or dotes of	service)	SECURITY NO.	70	, T ,		133 🕷	oodyear	Street
100			250305822 CAUSE OF DEA	Luorot	hy Jack	son		APPRIOR APPRIOR	OXIMATE INTERVAL
E 466 X I			CAUSE OF DEA	IH					N ONSET AND DEATH
DISEASE OR CON	DITION DIRECT	ILY	Stab wou	nds (3)	of chest				
LEADING 1	O DEATH		(A) IMMEDIATE C	AUSE				7	
(This does not mean the	mode of dylng	g, e.g.,	DUE TO, OR A	AS A CONSEQU	ENCE OF:		Milita dedendade de d		njer iven den _{dika} som den den den den den dik som like den den den den den dik dej dijs n
heart follure, asthenia, e injury or complication wh	ich coused deoth	ı.)							
ANTECEDEN			(B)						
RISE TO THE ABOVE C	IONS, IF ANY, O	GIVING	DUE TO, OR	AS A CONSEQ	UENCE OF:				
UNDERLYING CONDI		· · · · · · · · · · · · · · · · · · ·	(c)						
Ó			(0)				**********	Ordered as a super-state of the state of the	
OTHER SIGNIFICANT CO	II DADITIONS COL	NIPIRITING						100	
O THE DEATH BUT NO	T RELATED TO TH	HE TERMINAL							
OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION 20A. DATE OF OPERATION			MANUAL COED ATION M						
20A. DATE OF OPERATIO	N 208. COND	JITION FOR	WHICH OPERATION WA	AS PERFORME	.D			21. AUTOPS	SY? (Yes or No)
175124									
O 2									Yes
₹ 22Å. EXTERNAL CAUS		22B. F	PLACE OF INJURY(e.g.,	in or about 22	C. WHERE DID	(If in Boltimo	re City, give	exoct locotion)	Yes
₹ 22Å. EXTERNAL CAUS	NTRIB-	22B. F	, form, foctory, street, office	in or about 22 a bldg., etc.)	JURY OCCUR?			exoct locotion)	Yes
22A. EXTERNAL CAUSI UNDERLYING SOR COI UTING CAUSE OF DE	NTRIB- ATH.	home	Street, office	e bldg., etc.) IN	JURY OCCUR?	gs Ave	nue	exoct locotion)	Yes
22A. EXTERNAL CAUSE UNDERLYING CAUSE OF DE 22D. TIME (Month) OF INJURY	NTRIB- ATH. (Doy) (Yeor)	(Houn) 2	Street Street	e bidg., etc.) IN	JURY OCCUR?	gs Ave	nue	exoct locotion)	Yes
Z2A. EXTERNAL CAUSI UNDERLYING MOR COI UTING CAUSE OF DE 22D. TIME (Month)	NTRIB- ATH.	(Hour) 2:	Street Street	e bidg., etc.) IN	JURY OCCUR?	gs Ave	nue UR?	16-	Yes
22A. EXTERNAL CAUSE UNDERLYING CAUSE OF DE 22D. TIME (Month) OF INJURY	NTRIB- ATH. (Doy) (Yeor)	(Hour) 2:	Street Street	e bldg., etc.) IN	JURY OCCUR? 1519 Rig F. HOW DID IN	gs Ave	nue UR?	16-	Yes
22A. EXTERNAL CAUSI UNDERLYING SOR COI UTING CAUSE OF DE 22D. TIME (Month) OF INJURY (APPROX.) 2	NTRIB- EATH. (Doy) (Yeor) 4 1968	(Hour) 2:	s, form, foctory, street, office Street 2E.INJURY OCCURRED VORK NOT AT W	e bidg., etc.) IN	JURY OCCUR? 1519 Rig F. HOW DID IN	gs Ave	nue UR? argum	ent ent	Yes
22A. EXTERNAL CAUSI UNDERLYING COLUTING CAUSE OF DE 22D. TIME (Month) OF INJURY (APPROX.) 2 23. I certify that I	NTRIB- ATH. (Doy) (Yeor) 4 1968 held an Inq	(Hough 2:	of form, foctory, street, office Street 2E.INJURY OCCURRED WHILE AT NOT AT W Inspection AT W	WHILE X CORK X CORK	JURY OCCUR? 1519 Rig F. HOW DID IN Stabbed d and that an the	gs Ave	enue UR? argumo death in	ent my apinian	Yes
22A. EXTERNAL CAUSI UNDERLYING SOR COLUTING CAUSE OF DE 22D. TIME (Month) OF INJURY (APPROX.) 2 23. I certify that I resulted from:	NTRIB- ATH. (Doy) (Yeor) 4 1968 held an Inq Natural cause	(Hough 2:	s, form, foctory, street, office Street 2E.INJURY OCCURRED VORK NOT AT W	WHILE X tapsy X Harabay A	JURY OCCUR? 1519 Rig F. HOW DID IN Stabbed d and that an the control of the co	gs Ave JURY OCC uring his basis, Undetermi	enue UR? argume death in	ent my apinian	Yes
22A. EXTERNAL CAUSI UNDERLYING SOR COLUTING CAUSE OF DE 22D. TIME (Month) OF INJURY (APPROX.) 2 23. I certify that I resulted from:	NTRIB- ATH. (Doy) (Yeor) 4 1968 held an Inq	(Hough 2:	of form, foctory, street, office Street 2E.INJURY OCCURRED WHILE AT NOT AT W Inspection AT W	WHILE X YORK X tapsy X de Har	JURY OCCUR? 1519 Rig F. HOW DID IN Stabbed d and that an the stable in the stab in the	gs Ave JURY OCC uring his basis, Undetermi	enue UR? argume death in	ent my apinian er	Yes
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22A. EXTERNAL CAUSI UNDERLYING MOR COL UTING CAUSE OF DE 22D. TIME (Month) OF INJURY (APPROX.) 23. I certify that I resulted from: ACTUAL SIGNATURE EXAMINER'S NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) Durial	NTRIB- (ATH. (Poy) (Yeor) 4 1968 held an Inq Natural cause Werner 24B. DATE 2-13-4	Hound 22 L:00 W quiry es T U. Sp	of comp, foctory, street, office Street 2E.INJURY OCCURRED WHILE AT NOT AT W Inspection At W ccident Suicident Suicident CNAME of CEMETERY Mt. Auburn	while X 22 While X 2 VORK X 2 tapsy X He Har C ASSIS ASSOC ar CREMATOL Cem • 25C. F	JURY OCCUR? 1519 Rig F. HOW DID IN Stabbed d and that an the state of the state	gs Ave JURY OCCI uring his basis, Undetermi eXAMINER eXAMINER EXAMINER LOCATION Balto OR	enue UR? argume death in ned mann (City,	ent my apinian er D 2-4- town, or county) Md. ADDRESS	ATE SIGNED



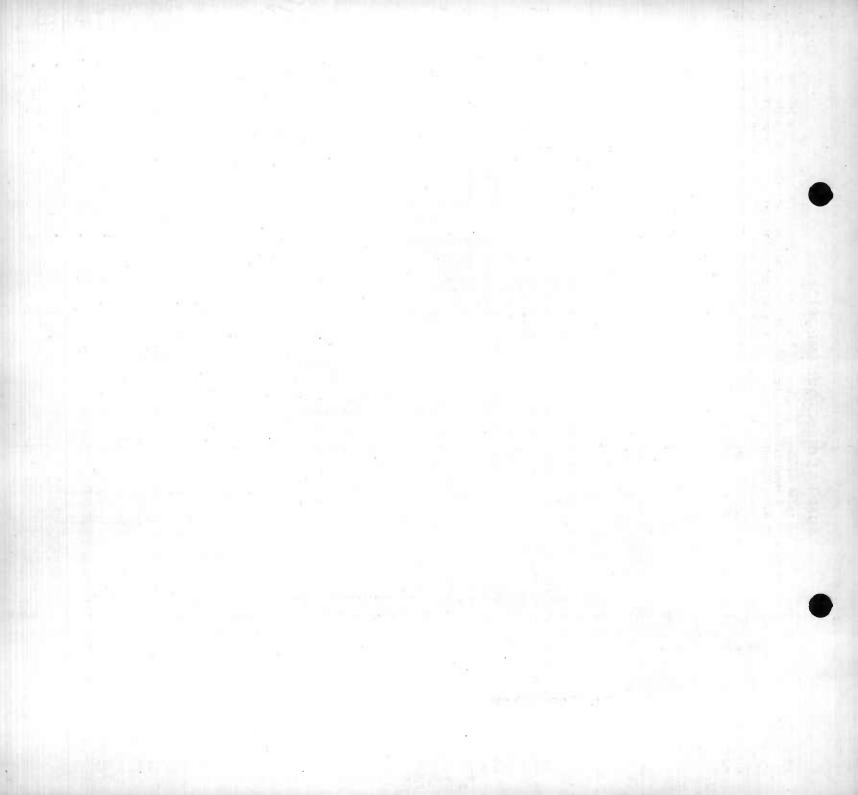


ing cause of death cause; (5) Deceased attendance on the

a hospital and

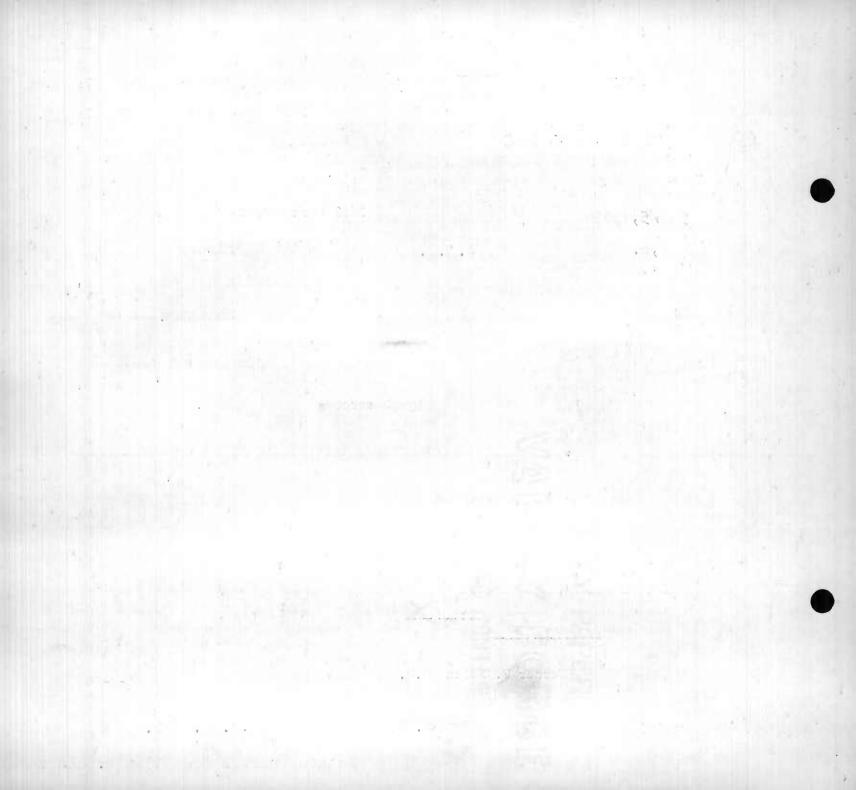
-11/1	H NO.	1628 CERTIFICA	TE OF DEATH		
	ME OF DECEASED		2. DATE AND	HOUR OF DEATH	
Тур	Palmer, Julia		February	7, 1968	1:15 a. m.
3. P	LACE IN BALTIMORE, MARYLAND, WHERI	E PRONOUNCED DEAD	4. USUAL RESIDENCE (Where d	eceosed lived. II is	nstitution: residence before admission
HO!	L NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET	Maryland c. City or town	D. INS	IDE CITY LIMITS?
	Provident Hospital		Po timono		YES NO
2	9 1514 Division Street	et	E. STREET AND NUMBER		
)	Baltimore, Maryland	i	914 N. Care	v Street	
. SI		AARRIED NEVER MARRIED	8. DATE OF BIRTH 9. A	AGE (In years	If Under 1 Yr. , If Under 24 H
	3 3 32	DOWED TO DIVORCED	5-2-76	birthdoy)	Months Doys Hours Min.
	J'ema Le legro W			Country)	12, CITIZEN OF WHAT COUNT
	during most of working lile, even if retired)		, , , , , , , , , , , , , , , , , , , ,	,.	The state of the s
	Unemployed		Baltimore, Maryl	and	U. A.
3. F	ATHER'S NAME		14. MOTHER'S MAIDEN NAME		7
	George		Julia		
5. W	as Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes,	no orunknown) (11 yes, give wor or dotes of	SECURITY NO.	Ifmie Walker	914 Car	
1	IB. //	CAUSE OF DEATH	4		APPROXIMATE INTERVAL
	(This does not mean the made of dyinheart failure, osthenia, etc. It means the injury or camplicolian which caused dea	disease, th.)	Semility		ia
	heort failure, osthenia, etc. It means the injury ar camplication which caused dea	disease, th.) (B)	A CONSEQUENCE OF:		ia
TION	heart failure, asthenia, etc. It means the injury or camplication which caused dea ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, rise to the abave cause (A) statuted to the condition to the statute of the statut	giving (B)	Semility		ia i
ATION	heort failure, osthenia, etc. It means the injury ar camplicotian which caused dea ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stot UNDERLYING CONDITION tost. 49 / X II OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED TO THE TEDISEASE OR CONDITION GIVEN IN PART I (giving DUE TO, OR AS a disease, th.) giving DUE TO, OR AS a disease, th.) giving CUE TO, OR AS a disease, the CUE TO, OR AS a dise	Semilety A CONSEQUENCE OF		FINDINGS CONSIDERED LUSES OF DEATH?
L CERTIFICATION	heort failure, osthenia, etc. It means the injury ar camplicotian which caused dea ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the abave cause (A) stot UNDERLYING CONDITION tost. 49/ OTHER SIGNIFICANT CONDITIONS CONTRITOTHE DEATH SUT NOT RELATED TO THE TEDISEASE OR CONDITION GIVEN IN PART 1 (19). DATE OF OPERATION [19]. CONDITION	giving DUE TO, OR AS a disease, th.) giving DUE TO, OR AS a disease, th.) giving CUE TO, OR AS a disease, the CUE TO, OR AS a dise	A CONSEQUENCE OF: Semility A CONSEQUENCE OF	OB, IF YES, WERE N CERTIFYING CA	
MEDICAL CERTIFICATION	heort failure, osthenia, etc. It means the injury ar camplicotian which caused dea ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the abave cause (A) stot UNDERLYING CONDITION tost. I OTHER SIGNIFICANT CONDITIONS CONTRITOTHE DEATH SUT NOT RELATED TO THE TEDISEASE OR CONDITION GIVEN IN PART 1 (19) (19) (19) (19) (19) (19) (19) (1	giving (B)	A CONSEQUENCE OF: Semilaty A CONSEQUENCE OP 20A. AUTOPSY? (Yes or No) 2 II n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	OB. IF YES, WERE N CERTIFYING CA (If in Boltimo	FINDINGS CONSIDERED
MEDICAL CERTIFICATION	heort failure, osthenia, etc. It means the injury ar camplicotian which caused dea ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the abave cause (A) stot UNDERLYING CONDITION lost. I OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH SUT NOT RELATED TO THE TED TED TO THE TED TED TO THE TED TED TO THE TED TED TED TED TED TED TED TED TED TE	giving DUE TO, OR AS disease, th.) giving DUE TO, OR AS disease, th.) giving DUE TO, OR AS disease, the DUE TO, OR AS disease,	A CONSEQUENCE OF: Semility A CONSEQUENCE OF 20A. AUTOPSY? (Yes or No.) 2 HI n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	OB. IF YES, WERE N CERTIFYING CA (If in Boltimo	FINDINGS CONSIDERED LUSES OF DEATH? Te City, give exact location)
MEDICAL CERTIFICATION	heort failure, osthenia, etc. It means the injury ar camplicotian which caused dea ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the abave cause (A) stot UNDERLYING CONDITION lost. I OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH SUT NOT RELATED TO THE TED TED TO THE TED TED TO THE TED TED TO THE TED TED TED TED TED TED TED TED TED TE	giving DUE TO, OR AS disease, th.) giving DUE TO, OR AS disease, th.) giving DUE TO, OR AS disease, the DUE TO, OR AS disease,	a consequence of: Semility A CONSEQUENCE OF 20A. AUTOPSY? (Yes or No.) 2 HI n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJURY	OB. IF YES, WERE N CERTIFYING CA (If in Boltimo	FINDINGS CONSIDERED USES OF DEATH? TO City, give exect location)
MEDICAL CERTIFICATION	heort failure, osthenia, etc. It means the injury ar camplication which caused dea ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stot UNDERLYING CONDITION tost. 10 THE SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TEDISEASE OR CONDITION GIVEN IN PART 1 (19) (19) (19) (19) (19) (19) (19) (1	giving (B) DUE TO, OR AS in disease, th.) giving DUE TO, OR AS in DUE TO,	20A. AUTOPSY? (Yes or No) 2 n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJURY 21F. HOW DID injury 21F. do not that	OB. IF YES, WERE N CERTIFYING CA (If in Boltimo	FINDINGS CONSIDERED USES OF DEATH? TO City, give exect location)
MEDICAL CERTIFICATION	heort failure, osthenia, etc. It means the injury ar camplication which caused dea ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stot UNDERLYING CONDITION lost. 11 OTHER SIGNIFICANT CONDITIONS CONTRITOR THE TECHNICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TECHNICANT ON THE TECHNICANT ON THE TECHNICANT ON THE TECHNICANT ON THE TECHNICANT OF THE TECHNICANT ON THE TECHNICANT OF THE TECHN	giving (B) DUE TO, OR AS in disease, th.) giving DUE TO, OR AS in DUE TO,	20A. AUTOPSY? (Yes or No) 2 n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJURY 21F. HOW DID injury 21F. do not that	OB. IF YES, WERE N CERTIFYING CA (If in Boltimo	FINDINGS CONSIDERED LUSES OF DEATH? THE City, give exoct location) The Drug ry 7, 1949 Inion deoth occurred on the d
MEDICAL CERTIFICATION	heort failure, osthenia, etc. It means the injury ar camplication which caused dea ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stot UNDERLYING CONDITION tost. 10 THE SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TEDISEASE OR CONDITION GIVEN IN PART 1 (19) (19) (19) (19) (19) (19) (19) (1	BUTING RAMINAL A). DIE TO, OR AS disease, the.) (B)	20A. AUTOPSY? (Yes or No) 2 n or obout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY OB, IF YES, WERE N CERTIFYING CA (If in Boltimo OCCUR?	FINDINGS CONSIDERED USES OF DEATH? TO City, give exect location)	
MEDICAL CERTIFICATION	heort failure, osthenia, etc. It means the injury ar camplication which caused dea ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stotunders, and the above cause (B) stotunders,	giving DUE TO, OR AS disease, th.) giving DUE TO, OR AS disease, th.) giving DUE TO, OR AS disease, the DUE TO, OR AS disease,	20A. AUTOPSY? (Yes or No) 2 n or obout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY OB. IF YES, WERE N CERTIFYING CA (If in Boltimo	FINDINGS CONSIDERED LUSES OF DEATH? THE City, give exoct location) The Drug ry 7, 1949 Inion deoth occurred on the d	

25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. Kelson Funeral Home 1348 Calhoun St.

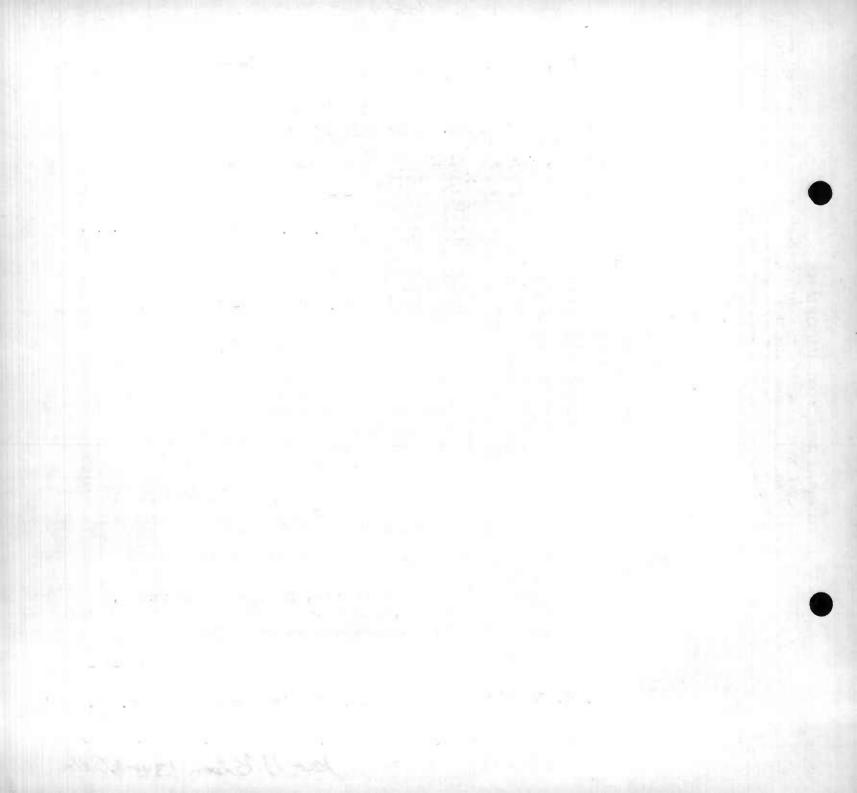


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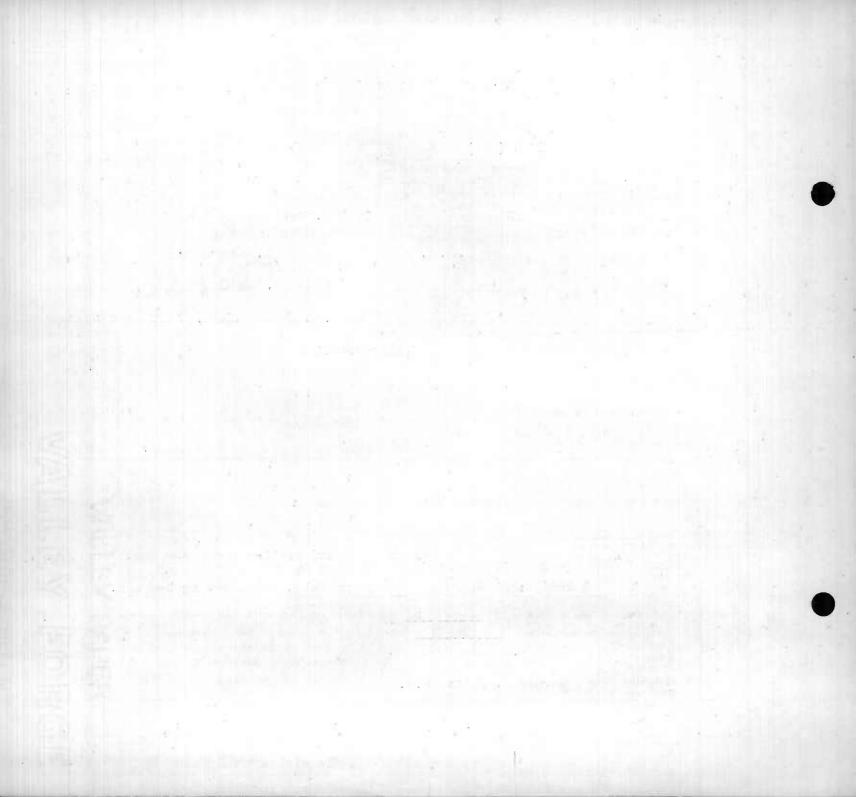
	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO	63- 1629	
	BIRTH NO.	2. DATE Known Month Doy	eor Hour	
	1. NAME OF DECEASED (Type or Print) ROSALIE WASHINGTON	OF Friends Fabruary 9 104		
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		feor Hour	
h	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD February 8, 196	7:00 P.M.	
42	HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived, if institution: residence before admission)		
-89	SINAI HOSPITAL (DOA)	A. STATE Maryland B. COUNTY 15-12		
71	6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIF	AITS?	
	Female Negro WIDOWED DIVORCED	Baltimore YES X	NO 🗌	
	9. DATE OF BIRTH 10. AGE (In yeors If Under 1 Yr. If Under 24 Hrs lost birthdoy) If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.	E. STREET AND NUMBER		
	May 5, 5, 1919 48	3612 Park Heights Avenue		
	11. BIRTHPLACE (state or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME		
	N.C. II C.A.	William Briscoe		
	14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRI done during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME		
		Esthre Wise	cc	
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service)	18. INFORMANT ADDRE	22	
	NO CAUSE OF DE	William Wsahington	APPROXIMATE INTERVAL	
	19. 200, 1 1 CAUSE OF DE.		BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY	Empyema		
	LEADING TO DEATH (A) IMMEDIATE (This does not meen the mode of dying, e.g., DUE TO, OR	CAUSE AS A CONSEQUENCE OF:		
	heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)			
	Lymp			
	DISEASES ON CONTINUING, II AITI, OITING	R AS A CONSEQUENCE OF:	## # # # # # # # # # # # # # # # # # #	
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
	DISEASE OR CONDITION GIVEN IN PART 1 (A).			
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	NAS PERFORMED	AUTOPSY? (Yes or No)	
	0 7		No	
	□ UNDERLYING □ OR CONTRIB- home, form, foctory, street, off	n, in or obout 22C. WHERE DID (If in Boltimore City, give exact loc fice bldg., etc.) INJURY OCCUR?	ation)	
	UNDERLYING OR CONTRIB- home, form, foctory, street, off UTING CAUSE OF DEATH.	fice bldg., etc.) INJURY OCCUR?	ation)	
	UNDERLYING OR CONTRIBUTION home, form, foctory, street, off UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.**INJURY OCCURRED OF INJURY	fice bldg., etc.) INJURY OCCUR?	ation)	
	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.**INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NO WORK AT	D 22F. HOW DID INJURY OCCUR?	ation)	
•	UNIDERLYING OR CONTRIBUTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.**INJURY OCCURRED OF INJURY (APPROX.) 23.	DT WHILE		
•	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E. NJURY OCCURRED WHILE AT NO WORK AT AT 1.23.	D. TWHILE WORK and that on this basis, death in my opin		
•	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.**INJURY OCCURRED OF INJURY (APPROX.) 23. I certify that I held on Inquiry Inspection A	22F. HOW DID INJURY OCCUR? DT WHILE WORK and that on this basis, death in my opin	llon	
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	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.) 1 certify that I held on Inquiry Inspection Accident Suice ACTUAL Nome, form, foctory, street, off WORK NT ACTUAL NOME OF THE NOTICE OF THE NOME OF THE	22F. HOW DID INJURY OCCUR? DI WHILE 22F. HOW DID INJURY OCCUR? Lutopsy and that on this basis, death in my opin ide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	olon DATE SIGNED	
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	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 22D. TIME (Monith) (Doy) (Yeor) (Hour) 22E. NJURY OCCURRED WHILE AT NO AT AT AT AT AT A COLOR OF INJURY (APPROX.) 1 certify that I held on Inquiry Inspection A resulted from: Natural couses A Accident Suice SIGNATURE EXAMINER'S Werner Spitz, M.D. 24A. BURIAL CREMATION, 24B. DATE Z4C. NAME of CEMETER REMOVAL (Specify)	22F. HOW DID INJURY OCCUR? DI WHILE 22F. HOW DID INJURY OCCUR? ON DIT WHILE 22F. HOW DID INJURY OCCUR?	DATE SIGNED 2-9-68 county) (Stote)	



	E Sinon	1630 BALTIMORE CITY	HEALTH DEPARTMENT		68 - 1630
1	00	CERTIFICA	TE OF DEATH	REG. NO	00 1000
BIRTH NO.	CASED			AND HOUR OF DEATH	
Type or Print)		7		2-8-68	
2 DI ACC IN BALT	Smith, Pa				6:10 PM
			A. STATE 8. COU	NTY	14-02
FULL NAME OF	ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET ON)	Maryland c. City or town	In IN	SIDE CITY LIMITS?
NSTITUTION	Provident Hos	mital Inc		D. 114.	YES VI NO
37	1514 Division		Baltimore E. STREET AND NUMBER		153 110 11
	Baltimore, Ma	ryland 21217	522 Laurens	Street	
. SEX	6. RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Ho Months: Doys Hours Min.
Male		WIDOWED DIVORCED	2-2-31	36	Williams Doy's Hours
	2.00	8, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or for		12. CITIZEN OF WHAT COUNT
one during most of w	vorking life, even it retired)				
			Balto. Md.		U.S.A.
3. FATHER'S NAM	AE		14. MOTHER'S MAIDEN NA		
Jan	nes Smith		H	Cllen Corbe	ert
	Ever in U. S. Armed Forces	1 6. SOCIAL	17. INFORMANT		ADDRESS
(es, no or unknown)	(If yes, give wor or dotes of	of service) SECURITY NO.	W INFORMANT		V D V E 3 3
ves		215238300	Mrs. Ogie Smi	th-Wife -	Same
18.	0	CAUSE OF DEAT		Ave. MYTO	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
OTHER SIGNIFI	CONDITION Iost.	TERMINAL			
19A. DATE OF	OPERATION 198 CONDI	TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or I	No) 20B, IF YES. WERE	FINDINGS CONSIDERED
THE CONTRACTOR OF THE CONTRACT	WAS PERFO	RMED	NT-	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
ш 🗎	NT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	n or about 21 C. WHERE DID	III in Rollim	ore City, give exoct location)
OR CONTRIBU	TING CAUSE OF medical examiner	home, form, foctory, street, o		in in bonnin	ore city, give experioconon;
21 D. TIME	(Month) (Doy) (Year) ((Hour) 21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY		While At Not While	е		
		Work LA At Work			
22. I certify	that (1) (this haspital) o	attended the deceased fram J8	nuary 8, 1968		pary 8, 19.68
that (1) (we)	last saw the deceased	olive on January 8,	1968 and	that In (my) (our) ar	olnian death occurred an the d
		d abave. (I) (We) (did) (did nat)	view the bady after death	•	DATE SIGNED
23A. SIGNATU	RE	1	anding real and and	SA-# F33	23 B. DATE SIGNED
1 2 1 1 1	your	DEGREE	ending Med. Director	Staff Phys.	2-10-68
23C. PHYSICIA		DEGMEET	23D. ADDRESS		
NAME (T)	Dr. C. La:	redo	757/ Diesies	Charact F	274- 1/2 07-075
144 0110/41 0		DEGREE	1514 Division		Balto. Md. 21217
REMOVAL (S	MATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EMAIORY 24D.	LOCATION	City, town, or county) (State)
Burial	2-12-68	Balto. Nat'l	Cem. I	Balto.	Md.
	BY HEALTH DEPT. 2	B. NAME OF REGISTRAR	2SC. FUNERAL DIRECTO		ADDRESS
	1300	Seller Staller	Deo M	Kolom 1.	3US M. Colhorn S.



MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 68- 163
NAME OF DECEASED
(Type or Print) DEREK LAMONT JACKSON DEATH Estimated February 9, 1968 10:104
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy Year Hour
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) PRONOUNCED DEAD February 9, 1968 10:10 5. USUAL RESIDENCE (Where deceased lived. Il institution: residence belong admission)
BON SECOURS HOSPITAL (DOA) A. STATE Maryland B. COUNTY
7. RACE B. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED Baltimore YES NO D
D. DATE OF BIRTH 10. AGE (In years lost birthdoy) 12-6-54 13 Under 1 Yr. II Under 24 Hrs. E. STREET AND NUMBER Manths, Days, Haurs, Min. 2402 W. Cold Spring Lane
1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME
Maryland U.S.A. Leonard E. Jackson 4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME
une dot ing master warking me, even mented)
Student Essie B. Neal 6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT ADDRESS
Yes, na ar unknown)(If yes, give war ar dates at service) SECURITY NO.
no none Charles Neal 2402 Cold Spring Ian
BETWEEN ONSET AND
DISEASE OR CONDITION DIRECTLY Electrocution
LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:
heart lailure, osthenia, etc. It means the disease, Injury or complication which coused death.)
injury or complication which coused deam.)
ANTECEDENT CAUSES (B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST
5 E 914.5 II
(C)
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or N
NO ■ 228. PLACE OF INJURY(e.g., in or about 22C. WHERE DID (if in Boltimare City, give exact location)
UNDERLYING FOR CONTRIB. hame, form, factory, street, office bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH. Street Bridge-22 Edmondson Ave. Penna. R.: 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR?
OF INJURY
AT WORK X Subj. Was climbing box car.
I certify that I held an Inquiry Inspection X Autapsy and that an this basis, deoth in my apinian
resulted from: Natural causes Accident Suicide Hamicide Undetermined manner
CHIEF MEDICAL EXAMINER
DATE SIGNE
SIGNATURE M.D.
EXAMINER'S Werner W. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER (Type)
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 2-14-68 Mt. Auburn Cem. Baltimore, Maryland
25 A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
Kelson funeral Home 1348 Calhoun
\$ 151-REV. 1/1/68





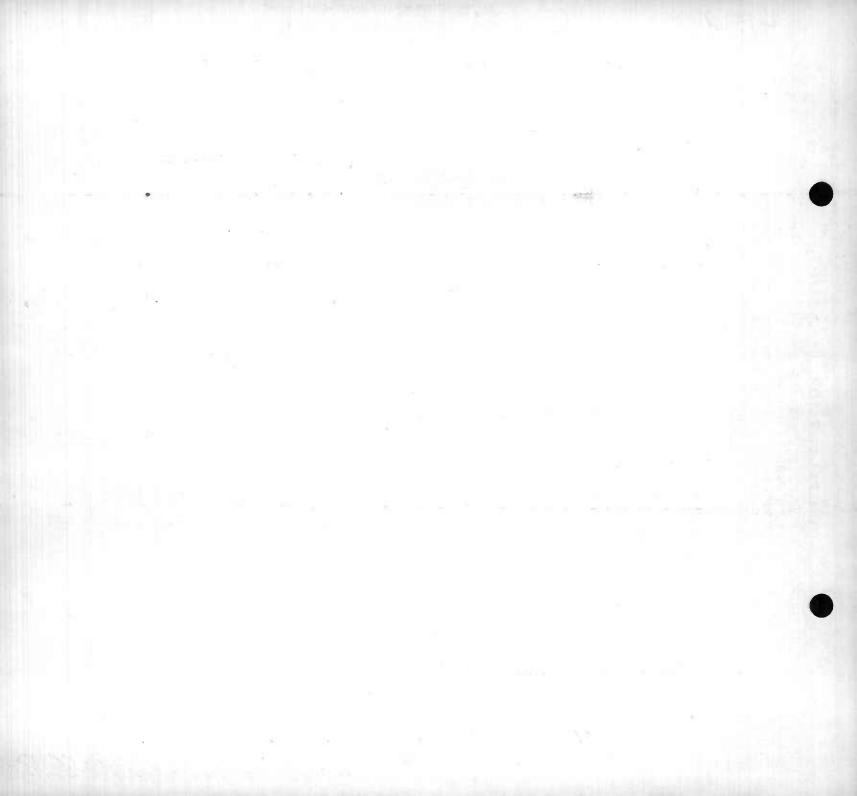
January Haman III - uma stra 35 Trestant ST 21218 2751 Keswer Fund . . 12 21-12 24 O de Judiciano Menuewa Charles Jarrett FLORENCE GROWE JAMES N MAKE A CANADA STATE OW Andrew place Interest - 24 months Recurred & Edward & Committee 24.11 JUL 27 30 31 (1 GREE CHE KINED I'CLI 923 01 80 10100 8 68 12 648 648 THE MENT TONGER VILLE WE WITH HER GOOD

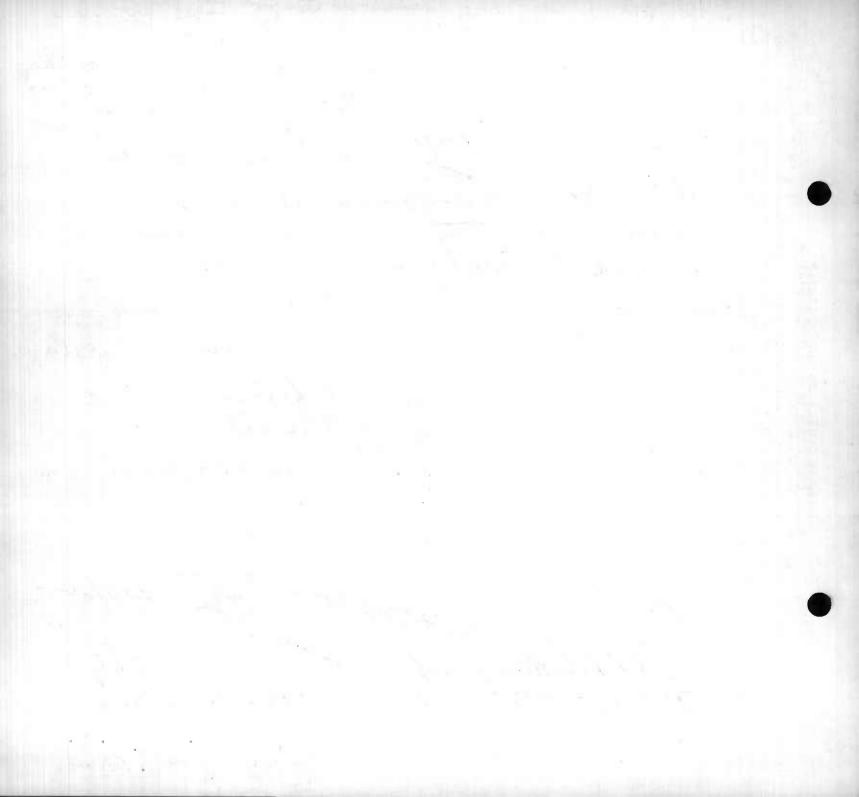
68-	1634
	C C A.

C		
CERTIFICATE OF DEATH	1	

REG. NO	68-	1634
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BIRTH NO.			CERTIFICA	ATE OF D	LAIII		00	TOOT	
1. NAME OF DEC (Type or Print)	Blanche	Hecl	n+		Februa	ry 8, 196	8		
3. PLACE IN BAL	TIMORE MARYLAND, W	4. USUAL RESIDENCE (Where deceased livad, If institution; residence before admission A, STATE B, COUNTY					Nissian)		
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) House in the Pines - Belvedere 2525 W. Belvedere Avenue				Maryland C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS?					
				E. STREET AND			YES4	NO L	_
(2)25 W	· pervedere w	venue				Apartment	5 /- 3	1-01	
S. SEX	6. RACE	7. MARRIED	NEVER MARRIED X	8. DATE OF BIR	TH 9.	AGE (In years	If Unde		
Female	White	WIDOWED		Feb. 13,	1897	st bjuhdoy)	Months	Days Hours A	Min.
	UPATION (Give kind of work working life, even if retired) orked	108, KIND OF	BUSINESS OR INDUSTR		imore, M		12. CITI;	ZEN OF WHAT COL	UNTR
3. FATHER'S NA	ME	1		14. MOTHER'S					
Meyer	C. He	cht			Amelia	Doeplitz			
S. Wos Deceosed	Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT				ADDRESS	
. 53,110 C. Olikilowi	, , , , , give wor or dole	01 30141601	SECORITI NO.	Mrs. Si	dney Car	ter 500	W. Univ	versity Pkw	V.
OTHER SIGNI	FICANT CONDITIONS CO	STOTING THE	(c) N OM	s a consequence	CE OF:	y · Corp	mlef	71 yrs	
	F OPERATION GIVEN IN PAR F OPERATION 198 CON WAS PER	DITION FOR	WHICH OPERATION	20A. AUTOP	SY? (Yes or No)	20B. IF YES, WER			
_ OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medical examiner)	21 B. hom etc.	PLACE OF INJURY (e.g., e, form, foctory, street,	in or obout 21 C. W office bldg., INJUR	HERE DID Y OCCUR?	(If in Boltin	nore City, giv	e exoct locotion)	
21 D. TIME OF INJURY (A PPROX.)	(Month) (Day) (Year)		INJURY OCCURRED	ile 🗖	OW DID INJU	RY OCCUR?	15		
22. 1 certify	that (1) (this hospital) attended t	he deceased fram			50 to	Fel	8 19 (8
that (1) (we)	last sow the decease	d alive an	Fil 8	19 6 8	and that	in (my) (aur) o	pinian dea	th occurred an th	e da
	d from the causes stat	red abave. (I) (We) (did) (did not)	view the body o	after death.				
23A. SIGNATU	JRE			ending N	Ned. S			ESIGNED	
)tech	1 1 gurdende	mer)	7(1) DEGREE Ph	ys. D		taff hys.	2		
PAME (1	Type)			23D. ADDRESS					
	0		DEGREE						
REMOVAL (Burial	Specify)		timore Hebrew	REMATORY	24D. Lo		(City, town, o	or county) (S	tate)
	BY HEALTH DEPT.		OF REGISTRAR		AL DIRECTOR	,	0	Bolt.	12





BALTIMORE CITY HEALTH DEPARTMENT

VS 150-REV. 1/1/68

hospital

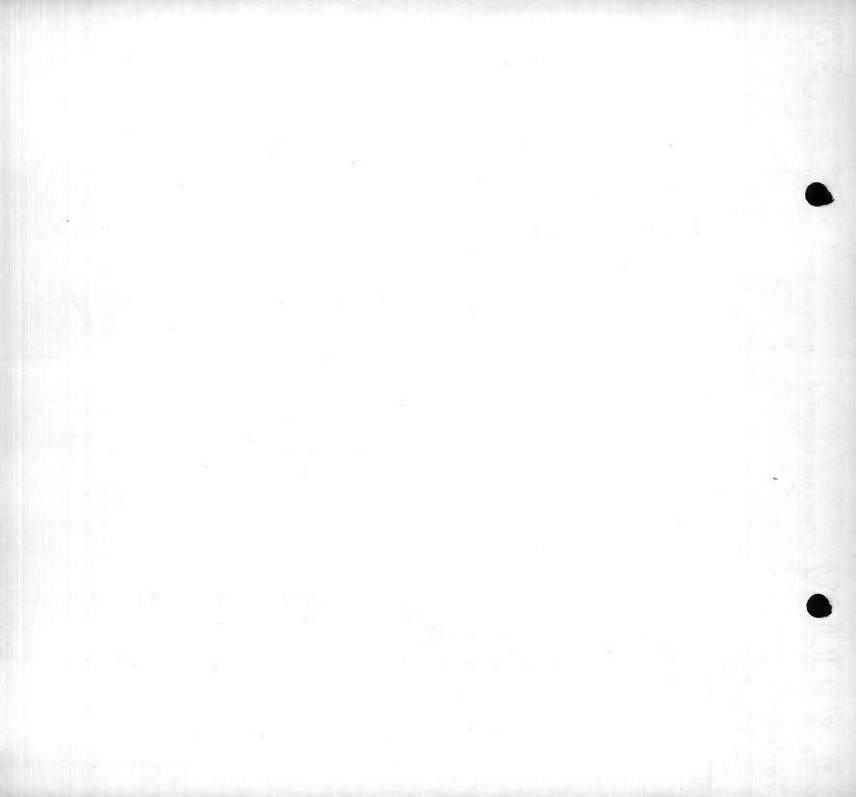
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eath

IMPORTANT

DIRECTOR:

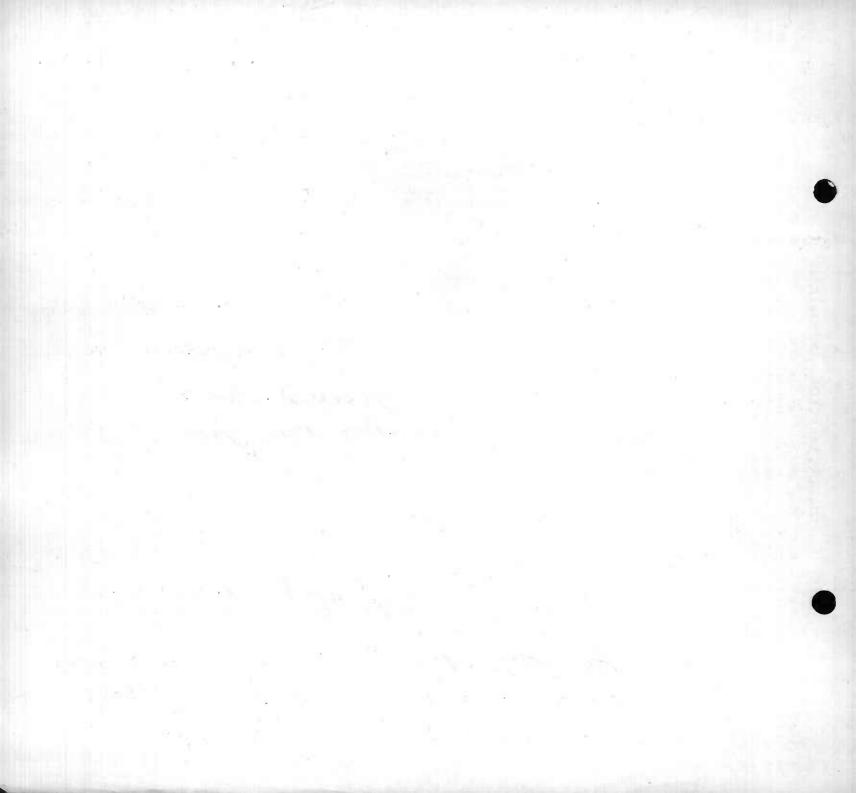
FUNERAL



		00	16	37 CEPTIEIC	ATE OF DEATH	REG. NO.	68- 1637
BIRTH N	NO. LE OF DECE	Varior	ski,	Tohn S			
Type or		EGIGES				S- 68	11:17
3. PLAC	CE IN BALT	MORE, MARYLAND, W	VHERE PRONC	DUNCED DEAD	4. USUAL RESIDENCE (W. A. STATE 8. CO.	here deceased lived. If	f institution: residence before a
FULL N	NAME OF	(IF NOT IN HOSPIT	TAL OR INSTI	TUTION, GIVE STREET	Morekand		2-0
INSTITL				\	C. CITY OR TOWN		NSIDE CITY LIMITS?
C	auro	6 Home	1/4.	mete/	Baltimors		YES NO
35	Chur	ch Home & Ho	spital		1811 & Ba	enk street	ef
. SEX		6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under Months Doys Hours
R	1	w	WIDOWED	DIVORCED	12-26-89	tost birthday	i i i i
			k 108 KIND O	F BUSINESS OR INDUSTR	11. BIRTHPLA CE (Stole or fo	oreign country)	12. CITIZEN OF WHAT CO
one aur		orking life, even if retired)	Machi	inist.	Maryla	end	45A
3. FATI	HER'S NAM	E	12000120		14. MOTHER'S MAIDEN N		
7	France	2 gegier	15/4		Pauline	2.	
5. Wos	Deceosed	Ever in U. S. Armed For	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	-	ADDRESS
No	0			215-07-2785	para Bai	ser	4404 white
18.		19		CAUSE OF DEA	TH	3.1	APPROXIMATE INT
	DISEASE	OR CONDITION DI	DECTI V				BETWEEN ONSET AN
		EADING TO DEATH			We KO SHIN Y WE A	Appanan	mitis covocks
(Th	nis daes na	1 mean the made of	dying, e.g.	(A) IMMEDIATE CA	AUSE POULTYCH S A CONSEQUENCE OF:	free	0-11/12
		sthenia, etc. 11 means),	a A CONSEQUENCE OF		
	-1	dication which coused					. 7
	A	NTECEDENT CAUSES	S	(B) cere	brourscular	from box	is Tweeks
DIS	SEASES OI	NTECEDENT CAUSES	s any, giving	DUE TO, OR A	AS A CONSEQUENCE OF:		
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CATION NO 10 10 OI 10 10 10 OI 10 10 OI	SEASES OF COMMERCE	NTECEDENT CAUSES CONDITIONS, if abave cause (A) CONDITION lost. II CANT CONDITION'S CO	any, giving stating the STATE	(c)	SA CONSEQUENCE OF: NEW LEPHENE (N) SCENDER No) 208. IF YES, WEF	alu-years	
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DICAL CERTIFICATION NO. 1010 N	A SEASES OF E TO THE DEATH CONTRIBUTATH (notify to the contribute)	NTECEDENT CAUSES CONDITIONS, if abave cause (A) CONDITION lost. I CANT CONDITIONS CO BUT NOT RELATED TO T NOTITION GIVEN IN PAR OPERATION 198. CON WAS PER T WAS UNDERLYING	any, giving stating the statin	WHICH OPERATION B. PLACE OF INJURY (e.g. me, form, foctory, street,) E. INJURY OCCURRED	20A. AUTOPSY? (Yes or office bldg., INJURY OCCUR?	No) 20B. IF YES, WER IN CERTIFYING (RE FINDINGS CONSIDERED CAUSES OF DEATH?
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WEDICAL CERTIFICATION NAME OF THE OF	A SEASES OF E TO THE DEATH CONTRIBUTATH (notify PPROX.)	NTECEDENT CAUSES CONDITIONS, if abave cause (A) CONDITION lost. I CANT CONDITIONS CO BUT NOT RELATED TO TANDITION GIVEN IN PAR OPERATION 198. CON WAS PER T WAS UNDERLYING TING CAUSE OF medical examiner) (Month) (Doy) (Year)	any, giving stating the statin	WHICH OPERATION B. PLACE OF INJURY (e.g. me, form, foctory, street,) E. INJURY OCCURRED hile At \(\sigma \) Not Wh	20A. AUTOPSY? (Yes or office bldg., INJURY OCCUR?	No) 20B. IF YES, WER IN CERTIFYING (RE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL CERTIFICATION ACTION A	SEASES OI THE RESEASE OR COA. ACCIDENT CONTRIBUTATH (notify PPROX.)	NTECEDENT CAUSES CONDITIONS, if abave cause (A) CONDITION lost. I CANT CONDITIONS CO BUT NOT RELATED TO TANDITION GIVEN IN PAR OPERATION 198. CON WAS PER T WAS UNDERLYING TING CAUSE OF medical examiner) (Month) (Doy) (Year)	any, giving stating the statin	WHICH OPERATION B. PLACE OF INJURY (e.g. me, form, foctary, street, c) E. INJURY OCCURRED hile At Not Winds ork At Work At Wo	20A, AUTOPSY? (Yes of in or obout 21C, WHERE DID office bldg., INJURY OCCUR?	No) 20B. IF YES, WEE IN CERTIFYING ((If in Boltin) NJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exoct location)
MEDICAL CERTIFICATION MEDICAL	A SEASES OF E TO THE DEATH SEASE OR CO. A. A. A. C. CIDEN. A. A. C. CONTRIBUTATH (notify process). The contributath (notify process). I certify the contributath (notify process).	NTECEDENT CAUSES CONDITIONS, if abave cause (A) CONDITION lost. II CANT CONDITION SCO BUT NOT RELATED TO TO INDITION GIVEN IN PAI OPERATION 198. COM WAS PER T WAS UNDERLYING TIMG CAUSE OF medical examiner) (Month) (Doy) (Year) that (I) (this hospital assets as the decease.	any, giving stating the statin	WHICH OPERATION B. PLACE OF INJURY (e.g. me, form, foctary, street,) E. INJURY OCCURRED hile At Not Work At Work The deceosed from	20A. AUTOPSY? (Yes or in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	No) 20B. IF YES, WER IN CERTIFYING ([If in Boltin NJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL CERTIFICATION AND STATE OF STAT	A SEASES OF E TO THE DEATH SEASE OR CO. A. A. A. C. CIDEN. A. A. C. CONTRIBUTATH (notify process). The contributath (notify process). I certify the contributath (notify process).	NTECEDENT CAUSES CONDITIONS, if abave cause (A) CONDITION lost. I CANT CONDITIONS CO BUT NOT RELATED TO T INDITION GIVEN IN PAI OPERATION 198. CON WAS PER T WAS UNDERLYING TING CAUSE OF medical examiner) (Month) (Doy) (Year) that (1) (this hospita ast saw the decease from the causes sta	any, giving stating the statin	WHICH OPERATION B. PLACE OF INJURY (e.g. me, form, foctary, street,) E. INJURY OCCURRED hile At Not Work At Work The deceosed from	20A, AUTOPSY? (Yes of in or obout 21C, WHERE DID office bldg., INJURY OCCUR?	No) 20B. IF YES, WER IN CERTIFYING ([If in Boltin NJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exoct location)
MEDICAL CERTIFICATION AND STATE OF STAT	SEASES OF E TO THE DEATH ALA ACCIDENT ALA ACCIDENT ATH (notify INJURY PPROX.)	NTECEDENT CAUSES CONDITIONS, if abave cause (A) CONDITION lost. I CANT CONDITIONS CO BUT NOT RELATED TO T INDITION GIVEN IN PAI OPERATION 198. CON WAS PER T WAS UNDERLYING TING CAUSE OF medical examiner) (Month) (Doy) (Year) that (1) (this hospita ast saw the decease from the causes sta	any, giving stating the statin	WHICH OPERATION B. PLACE OF INJURY (e.g. me, form, foctory, street,) E. INJURY OCCURRED hitle At Not Whork Not Work N	20A. AUTOPSY? (Yes or in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID I hile and view the body ofter death	No) 20B. IF YES, WER IN CERTIFYING ((If in Boltin NJURY OCCUR? 19 7 to 2 that in (my) 6 who	RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exoct location 196 aplinian death accurred on t
WEDICAL CERTIFICATION OUT OF TO THE OUT OF TO THE OUT OF TO THE OUT	A SEASES OF E TO THE DEATH CONTRIBUTATH (notify PPROX.) I certify the control of	NTECEDENT CAUSES CONDITIONS, if abave cause (A) CONDITION lost. CONDITION lost. CANT CONDITIONS CO BUT NOT RELATED TO TO NOTION GIVEN IN PART OPERATION 198, CON WAS PER T WAS UNDERLYING TING CAUSE OF medical examiner) (Month) (Doy) (Year) Thot (I) (this hospito ast saw the decease from the causes state of the cause of the causes state of the cause of the causes state of the cause of the ca	any, giving stating the statin	WHICH OPERATION B. PLACE OF INJURY (e.g. me, form, foctory, street,) E. INJURY OCCURRED hitle At Not Whork Not Work N	20A. AUTOPSY? (Yes or in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID I hile 19 and view the body ofter deothers.	No) 20B. IF YES, WER IN CERTIFYING ([If in Boltin NJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exact location 196 aplinlan death accurred on t
WEDICAL CERTIFICATION OUT OF TO THE OUT OF TO THE OUT OF TO THE OUT	SEASES OF E TO THE DEATH ALA ACCIDENT ALA ACCIDENT ATH (notify INJURY PPROX.)	NTECEDENT CAUSES CONDITIONS, if abave cause (A) CONDITION lost. II CANT CONDITION SCO BUT NOT RELATED TO TO INDITION GIVEN IN PAI OPERATION 198. CON- WAS PER T WAS UNDERLYING TIME CAUSE OF medical examiner) (Month) (Doy) (Year) that (1) (this hospito ast saw the decease from the causes state of the cause of the causes state of the cause of	any, giving stating the statin	WHICH OPERATION B. PLACE OF INJURY (e.g. me, form, foctory, street,) E. INJURY OCCURRED hitle At	20A. AUTOPSY? (Yes or in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID I hike	No) 20B. IF YES, WER IN CERTIFYING ((If in Boltin NJURY OCCUR? 19 7 to 2 that in (my) (64) a	RE FINDINGS CONSIDERED CAUSES OF DEATH? Thore City, give exoct location 196 aplinian death accurred on to 23 B. DATE SIGNED 2 8 6 6
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6	5-152			BALTIMORE CITY	HEALTH DEPARTMENT		20.00	
		68	- 163	8 CERTIFICA	TE OF DEATH	REG. NO	68-118638	
	H NO.			- CERTIFICA				
	ME OF DECEASED					ND HOUR OF DEAT		
.,,,		CE, VARRIE			F'eb.	9,1968	6:15 A. M.	
3. P	LACE IN BALTIMO			NCED DEAD	A. STATE B. COUN	ere deceased lived. If	institution: residence before admission)	
HO:	L NAME OF (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	Maryland c. City or town		NSIDE CITY LIMITS?	
0	1/)				Paltimore		YES 🔀 NO 🗌	
/	Bolton Hil	1 Nursing	& Conva	lescent Ctr.	E. STREET AND NUMBER			
S. SI	X 6. RA	CE	7	7	8. DATE OF BIRTH	ng Avenue	If Under 1 Yr., If Under 24 Hrs.	
. 3			WIDOWED -		1/21/03	last birthday)	Manths Days Hours Min.	
				BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?	
	during most of workin	g life, even if retired)						
	ousewife				Maryland			
13. F	ATHER'S NAME				14. MOTHER'S MAIDEN NA	WE		
		Poe Hatfie	13		Amelia Po	onton		
S. V	Vas Deceased Ever	in U. S. Armed For	ces?	1 6. SOCIAL	AMELLA PO	or ter	ADDRESS	
Yes,	no of unknown) (If yo	es, give wor or dote	s of service)	SECURITY NO.				
	no	no		9	Edith Belsch	ner.1331	Morling Ave	
	18.			CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
7	DISEASES OR C	ove cause (A) NDITION last.	stoling the	(c)	A CONSEQUENCE OF	Zenskur	yes	
ATIO	OTHER SIGNIFICAN TO THE DEATH BUT DISEASE OR CONDI	T NOT RELATED TO T	HETERMINAL T 1 (A).					
ERTIFIC	19A. DATE OF OPE	RATION 198. CON		HICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?	
0	21A. ACCIDENT W OR CONTRIBUTING DEATH (notify medi	CAUSE OF	21B. hometc.)	PLACE OF INJURY (e.g., e, form, foctory, street, c	n or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltin	nore City, give exoct location)	
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>	OF INJURY (APPROX.)			le At Not Whi				
			Wor	k LJ At Work		-60		
	22. I certify that	(I) (this haspita	l) attended th	e deceased fram	7 7 7	19 08 ta	2/9 1968	
	that (1) (we) last saw the deceased clive an							
	and hour and fran	n the causes sta	ted abave. (I	(We) (did) (did nat)	view the bady after deoth.			
	23A. SIGNATURE						23 B. DATE SIGNED	
		rel	m	Att Phy	ending Med. Director	Staff Phys.	2/9/68	
	23C. PHYSICIAN'S		- / coc	DEGREE	23 D. ADDRESS	,	1//00	
	NAME (Type)	1	. ,	MINGUE	2.5 0.1	07	alt min	
		TLLAN	H-	MITE HT DEGREE	LE rend	74	and My 2/202	
24A	REMOVAL (Specify	ON, 24B. DATE	24C. NA	ME of CEMETERY of CR	EMATORY 24D. I	LOCATION	(City, town, or county) (State)	
	Burial		68 Woo	dlawn Ceme	tery Wo	odlawn Mo		
2SA	FB 1 1 196	B CEPT.	25 B. NAME C	FREGISTRAR	Lusten E.	Donovan	-3818 Roland ave	
3	SO-REV. 1/1/6B							

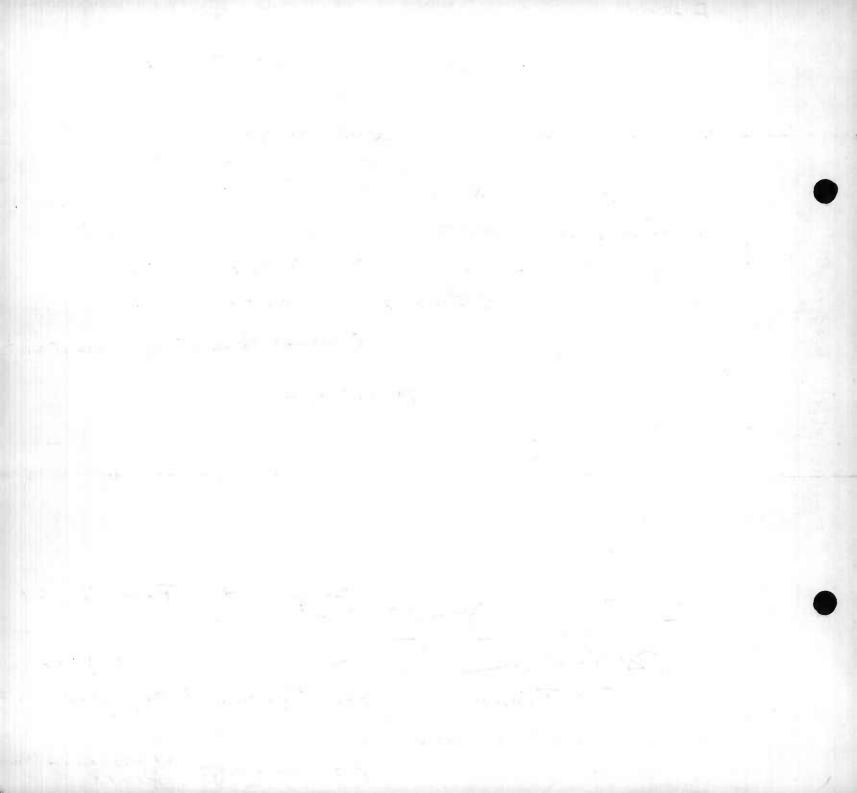


IMPORTANT

DIRECTOR:

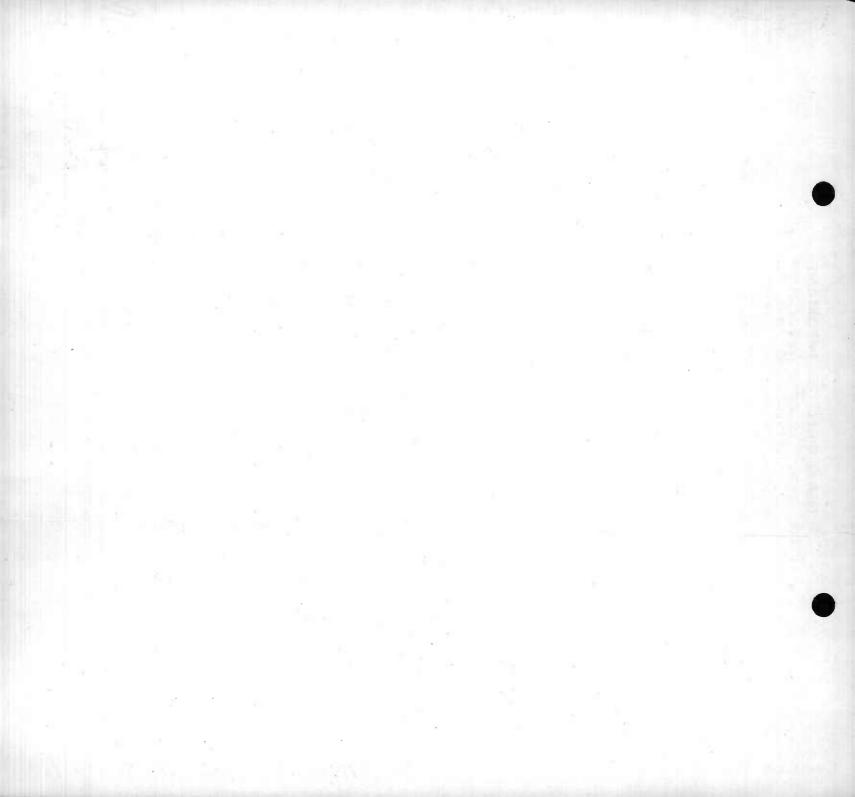
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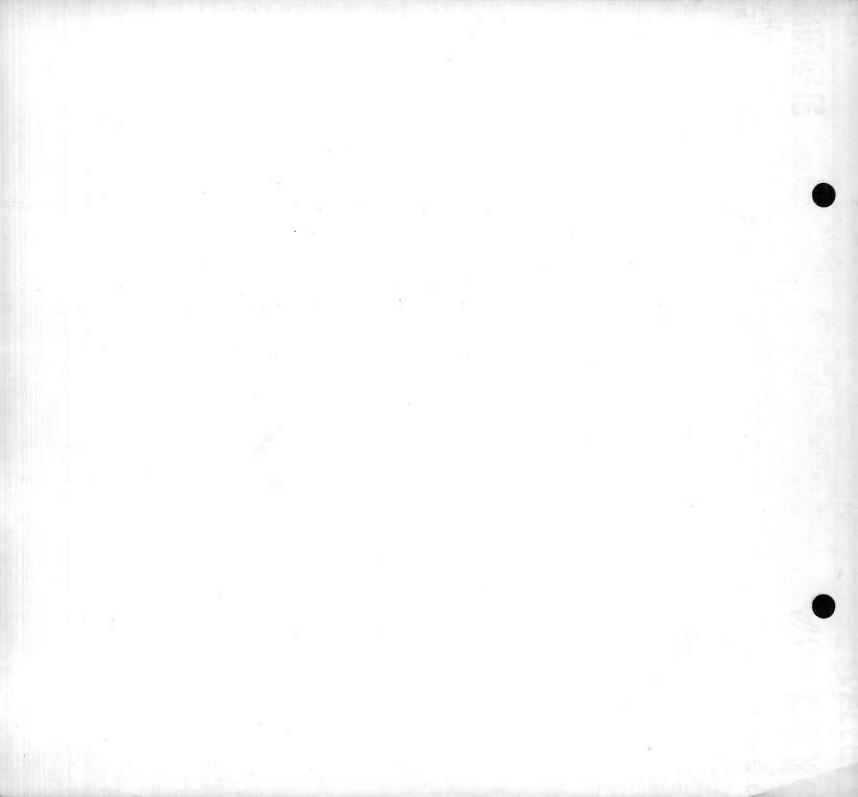
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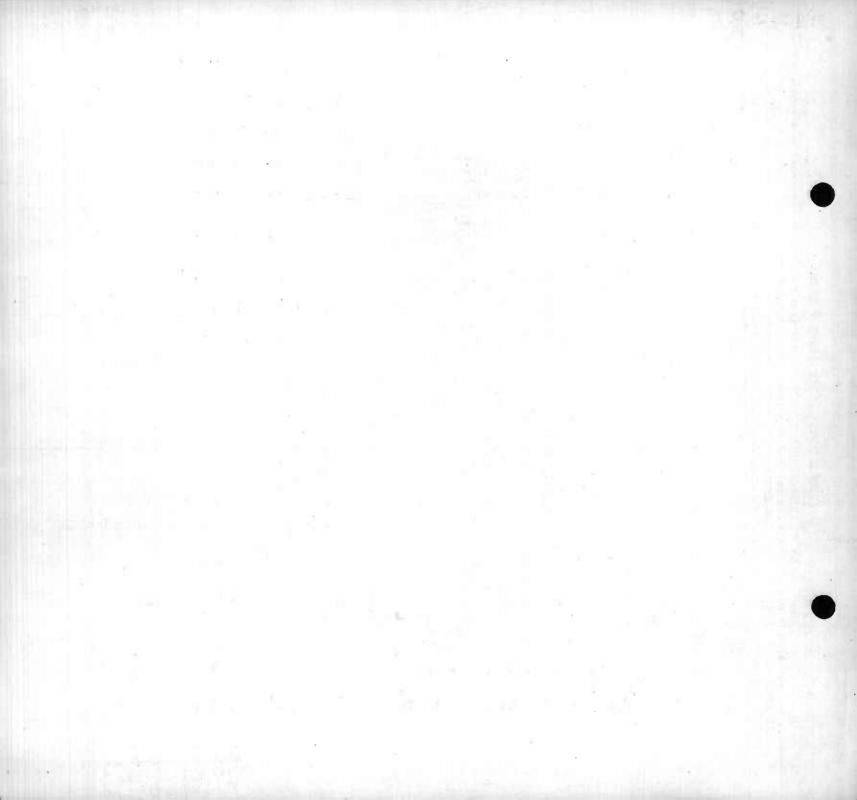


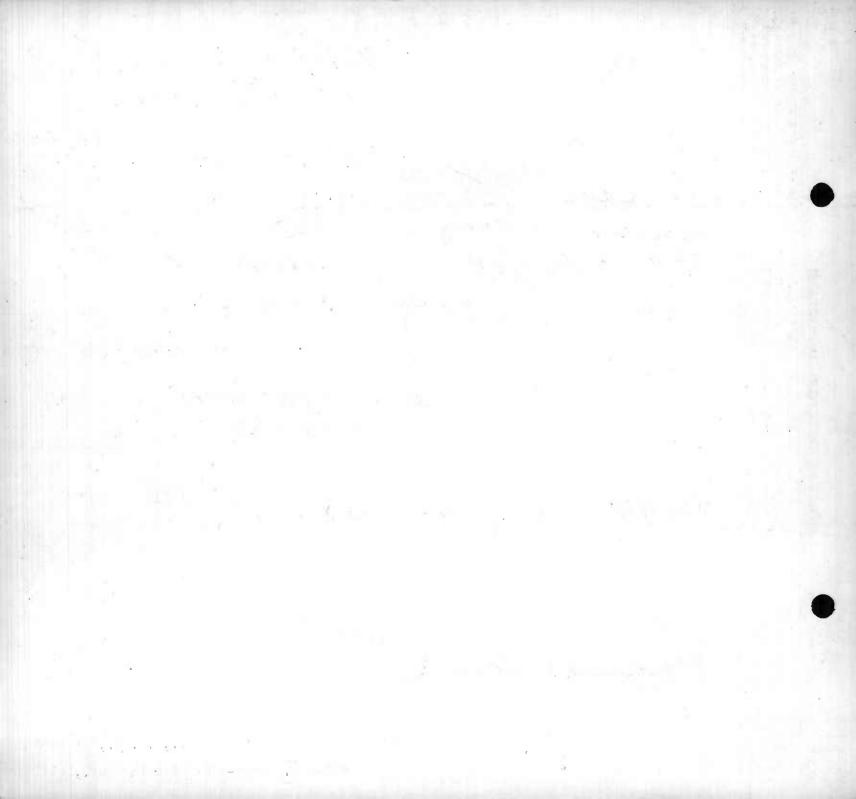
IMPORTANT

VS 150-REV. 1/1/6B









BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH pital and of death cause; (5) Deceased BIRTH NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH February 10, 1968 (Type or Print) Sister Vincent Cody uo 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD ance contributing cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF C. CITY OR TOWN INSTITUTION attend Villa Saint Michael Baltimore = 4000 Forest Hill Road E. STREET AND NUMBER Baltimore, Maryland 21207 4000 Forest Hill Road Undetermined mad B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED 5. SEX F. August 10,1885 White WIDOWED DIVORCED IDA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) isposition dane during most of working life, even if retired) Teacher Sister of Charity Cambridge, Massachusetts SD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 4 Joseph P. Cody Margaret T. Chambers IMPORTANT eath 17. INFORMANT 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 0 (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO 219-54-0177-1 Sister Andres -CAUSE OF DEATH attenda ounced OF DISEASE OR CONDITION DIRECTLY of LEADING TO DEATH Coronary occlusion (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF hearl foilure, osthenio, etc. Il means the disease, FUNERAL DIRECTOR: injury or complication which coused death, Arteriostlerosis ng ANTECEDENT CAUSES ho (B)_______DUE TO, OR AS A CONSEQUENCE OF are DISEASES OR CONDITIONS, if any, giving to the obove cause (A) stating the 3 physician UNDERLYING CONDITION Jost, MOS 420: Ш CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) Body 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 0 WAS PERFORMED 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF hospital MEDICAL 0 DEATH (notify medical examiner) None obtained 21 D. TIME OF INJURY (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX.) Work At Work and to the any December 22. I certify that (1) (this haspital) attended the deceased fram February 10, 168 that (1) (we) last saw the deceased alive an. hospital

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE
B. COUNTY 4000-Feres Maryland - Baltimore City D. INSIDE CITY LIMITS? YES X NO If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours 12. CITIZEN OF WHAT COUNTRY? United States ADDRESS same address APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 7 years ? 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) February 1968 and that in(my) (aur) apinian death accurred an the date and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED Attending K Med. Staff Feb. 10, 1968 Director approval 23C. PHISICIAN'S 23D. ADDRESS 3326 Frederick Ave., Balto, Md. 21228 Damian P. DEGREE 24A. BURIAL CREMATION, 248, DATE 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) SETON - on grounds of Seton Inst., Reisterstown Rd., City HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Stewart & Mowen Co. 108 W.North Av. City

VS 150-REV. 1/1/68

was released

the body

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deceased

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Was

Mariet and Williams

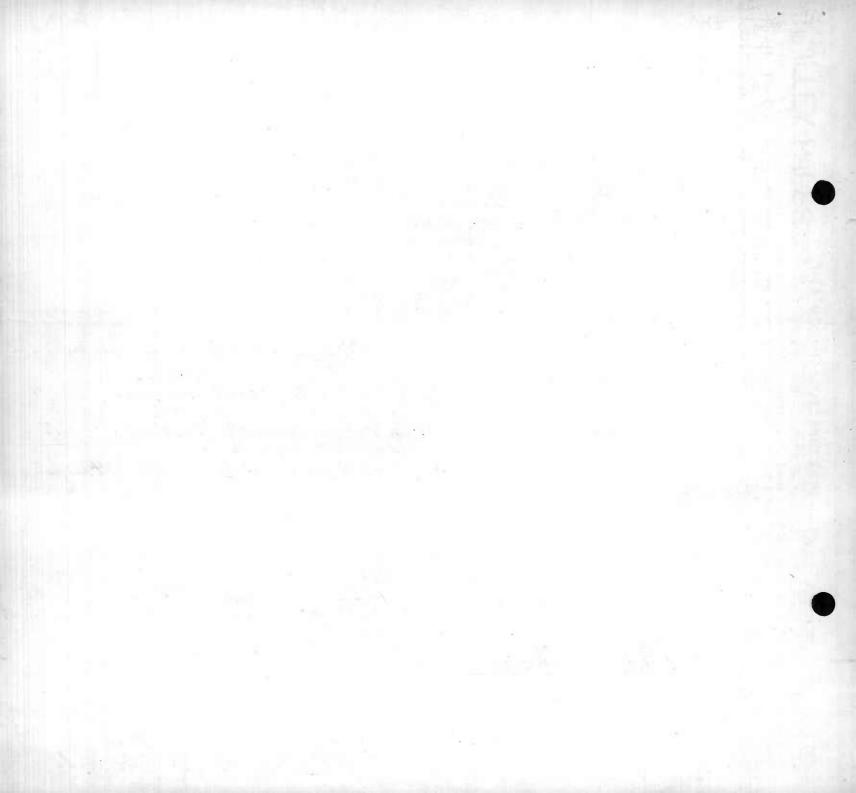
Ŧ		CITY HEALTH DEPARTMENT REG. NO. 68-1645
B	RTH NO. 68- 1645 CERTIFIC	CATE OF DEATH REG. NO. 68- 1645
1.	NAME OF DECEASED ELEANOR KALTER	2. DATE AND HOUR OF DEATH 3. DATE AND HOUR OF DEATH 3. DATE AND HOUR OF DEATH 4. 55 P. M.
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, II institution; residence beloro odmission) A. STATE B. COUNTY
1	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
1	-utheran Hospital of Maryland	Pattimori YES NO [
	130, Ashburton St. Baltimbre. MD	E. STREET AND NUMBER 410 S. Fularki St.
9	SEX 6. RACE 7. MARRIED NEVER MARRIED 1 Chale White WIDOWED DIVORCED	To I lost bittigoti
10	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or lareign country) 12. CITIZEN OF WHAT COUNTRY
a	cashier cafeteria work	Maryland USA
1;	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	John Kalter	Mary E. Nickolson
1 5 (Y	. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
		235 Edward Franz Kalter 410 S.Pulaski St
000000000000000000000000000000000000000	heori foilure, osthenio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A, DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED TO THE CONDITION OF W	AS A CONSEQUENCE OF: A S A CONSEQUENCE OF: A CONS
	OR CONTRIBUTING CAUSE OF home, form, lactory, street etc.)	t, office bldg., INJURY OCCUR?
1	21D. TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
E	(APPROX.) While AI Not V	
	22. I certify that (I) (this hospital) attended the deceased from	Jan, 3rd 1964 to tel, th 1964
	that (I) (we) lost sow the deceased alive on 2 6 6	1956 ond that In(my) (our) opinion death occurred on the date
	and hour and from the causes stated above. (1) (We) (did) (did no	ot) view the body ofter death.
	23A. SIGNATURE	- L
	23C.PHYSICIAN'S DEGREE	Attending Med. Staff Phys. Intern. 2 23D. ADDRESS, CC Staff
	NAME (Type) Dr. Pierson Checket	730, Ashtruton Sticel . Balhmeri Md
2	AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or REMOVAL (Specify)	
-	Burial 2/12/68 Western Cem	
2	FEB 1 1968 1 0 4 0 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Walters Funeral Home Pratt&Stricker
V	\$ 150-REV. 1/1/6B	

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		00 4	BALTIMORE CIT	Y HEALTH DEPARTMENT	1/	20 1010
DIETH NO		ps- 1	646 CERTIFICA	TE OF DEATH	REC. NO	68- 1646
BIRTH NO.	ECEASED			2. DATE	AND HOUR OF DEATH	1
(Type or Print)	Elick R.	Hartka			8, 1968	
3-PLACE IN B		RYLAND, WHERE PRO	ONOUNCED DEAD		here deceased tived. If	institution: residence before adm
CEKI	IFICA	IL AN	MENDED		Baltimore	621
FULL NAME OF	OF (IF NOT ADDRESS	S OR LOCATION	ISTITUTION, GIVE STREET	C. CITY OR TOWN		SIDE CITY LIMITS?
INSTITUTION			3-5-68	Edgemere	0. 114	YES NO
R/ Pal+	d= 044			E. STREET AND NUMBER		
DeT	THOIS CI	ty Hospital	10 C	6915 Riverdri	ive Road	
5. SEX	6. RACE	7. MARE	RIED XX NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 2
Male	White	WIDOV	WED SIV ORGED TO	Aug. 5, 1900	last birthdoy)	Months Doys Hours A
		kind of work 10 B. KINI	D OF BUSINESS OR INDUSTR		preign country)	12. CITIZEN OF WHAT COL
	of working life, eve		Department	Marrel and		TT C A
		. Crey rire	Debaroment	Maryland	AAAP	U. S. A.
13. FATHER'S N				14. MOTHER'S MAIDEN N		
oames.	Hartka			Baertha 1		
(Yes, no or unkno	sed Ever in U.S.	Armed Forces? wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMAN(Wife)		Edgemere, Md.
Yes	WWI		212-48-0552	Mrs. Elizabeth	Hartka, 693	15 Riverdrive Rd
18. / /	091		CAUSE OF DEAT			APPROXIMATE INTE
DISE	ASE OR COND	DITION DIRECTLY	()	W.	0.	BETWEEN ONSET AND
	LEADING TO	DEATH	(A) IMMEDIATE CA	mens our	mbosis	1-2 he
		mode of dying, . Il meons the dise	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
		ch caused death.)	()			
	ANTECEDENT	CAUSES	a Clita	in lite - c	crown age	4 >10 m
DISEASES	OR CONDITIO	ONS, if any, gi	ving DUE TO, OR A	S A CONSEQUENCE OF:	11	-6.
	The above co	ouse (A) sloting	the (c)		a.	5
		1031,	(6)			
Z OTHER SIG		TIONS CONTRIBUTI	NG			
E TO THE DE	EATH BUT NOTRE	LATED TO THE TERMIN			*******	***************************************
19A. DATE		198. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or	Not 208, IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
19A. DATE		WAS PERFORMED		No	IN CERTIFYING C.	AUSES OF DEATH?
U 21A. ACCI	DENT WAS UND		218 PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If In Boltime	ore City, give exact location)
▼ DEATH (no	HIBUTING CAU	niner)	home, form, foctory, street, etc.)	onice bidgs, INJORT OCCOR:		
O 21 D. TIME	(Month) (Do	oy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
S OF INJURY			While At Not Whi			
(AFFROX.)			Work LJ At Work	0		
			~ ^	8-19-67	19ta	2-8- 19 E
that (I) (W	re) lost saw the	e deceased alive	an 2-8-	19_6_8ond	that in (my) (our) as	oinian death occurred on th
ond hour	and from the co	suses stated abov	en(1) ((did not)	view the bady after deat	h.	
23A. SIGN	TURE	11.0	1			23B. DATE SIGNED
X	Mus (1/1/1	Ja. Ma	rending Med. Director	Staff Phys.	2/10/68
1	1 11 /	11/	GEGREE			
230 PHYSIC	CIAN'S			23 D. ADDRESS		
230. PHYSIC	(Type)	0. 01mm	W D	Mary and the second	t. Sparrows	Point. Md. 2121
NAME	Louis	O. Olsen	M.D. DEGREE	914 "D" Stree		
24A. BURIAL C	Louis REMATION, 24B. L (Specify)	3. DATE 24	C. NAME of CEMETERY of CI	914 "D" Stree	LOCATION (City, town, or county) (S
24A. BURIAL CREMOVA Burial	Louis REMATION, 24B. (Specify) 2	2/12/68 B	c. NAME of CEMETERY or CE	914 "D" Stree	LOCATION (0	imore, Md.
24A. BURIAL CREMOVA Burial	Louis REMATION, 24B. L (Specify)	2/12/68 B	c. Name of CEMETERY of CF altimore Nation Me Of REGISTRAR	914 "D" Stree	LOCATION (0 Balt	City, town, or county) (S
24A. BURIAL CREMOVA Burial	Louis REMATION, 24B. (Specify) 2	2/12/68 B	c. NAME of CEMETERY or CE	914 "D" Stree	LOCATION (0 Balt	City, town, or county) (Simore, Md.

V.S. 153 and verification from Balto. City Fire Department 3-5-68 M.H.

on the	I. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH	1 9 10 A
-1	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If ins	stitution: residence before admission
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	maryland.	4-01
	HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIE	DE CITY LIMITS?
	27 m 1/11		YES NO
	37 Therey Harpetal	E. STREET AND NUMBER	POUT ST
100	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	WIDOWED DIVORCED	9-10-1917 lost birthdoy	Months Doys Hours Min.
	IOA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
0	Waster Marking life, even if retired) Muller Bose	new yok.	
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Brown	Unknown	
1	5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.		
-	[18.] CAUSE OF DEAT		APPROXIMATE INTERVAL
	hearl lailure, asthenia, etc. It means the disease,	USE Missearchal de faretion A CONSEQUENCE OF: 20th MZ; 2° to go A CONSEQUENCE OF: Sepsis Britanal endocardily (1201)	ici
	hearl lailure, asthenia, etc. It means the disease, injury or complication which caused death.)	3 anem	ia
	ANTECEDENT CAUSES A. S. C.	H.D. EN JoldMI: 2º to 9	um neg 11 "1
		A CONSEQUENCE OF: Sepsis)
	rise to the above cause (A) stating the UNDERLYING CONDITION last.	Backerial endocarditis facal	emode " "
	42 (m) Slo	mercitar nephitia 0	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	rest; acut Juhular necras	is 18days
	19A. DATE OF OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FI	INDINGS CONSIDERED ISES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID (If In Politimore	City, give exact location)
	DEATH (notify medical examiner)		
	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?	
	(APPROX.) While At Not While At Work At Work	e	
	22. I certify that (1) (this haspital) attended the deceased from		- 3 19 68
	that (1) (we) last saw the deceased alive an 2-3	19 68 and that in (my) (aur) opin	ian death accurred on the da
	and hour and from the causes stated above. (1) (We) (did) (did not) v	riew the bady after death.	
	23A. SIGNATURE		23 B. DATE SIGNED
	1 11 12 2 41 12	ending Med. Staff	23 B, DATE SIGNED
	Thurs W. Organ DEGREE Phy	s. Director Phys.	2-7-68
	Theles N. Office DEGREE Phy	23D. ADDRESS	
	23C. PHYSICIAN DEGREE Phy NAME (Type) DEGREE 24A. BURIAL CREMATION 24B. DATE 24C. NAME of CEMETERY of CRI	23 D. ADDRESS	2-7-68
100	23C. PHYSICIAN (Specify) 24A. BURIAL CREMATION, REMOVAL (Specify)	23 D. ADDRESS	
	23C. PHYSICIAN DEGREE Phy NAME (Type) 24A. BURIAL CREMATION, 24B. DATE BURIAL Specify) 3-9-68 Baltimorius Roll	EMATORY 24D. LOCATION (City	y, town, or county) (State) MADRESS
	23C. PHYSICIAN NAME (Type) 1A. BURIAL CREMATION, REMOVAL (Specify) 3-9-68 Baltimore Part	23 D. ADDRESS	2-7-68



25A. DATE REC'D BY HEALTH DEPT.

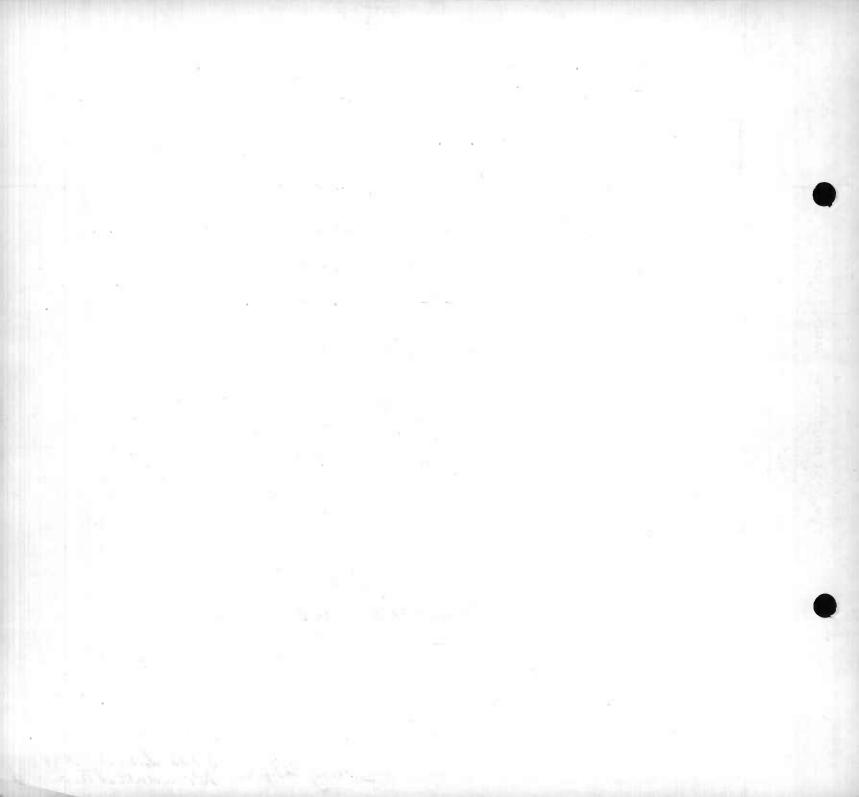
VS 150-REV. 1/1/68

25B. NAME OF REGISTRAR

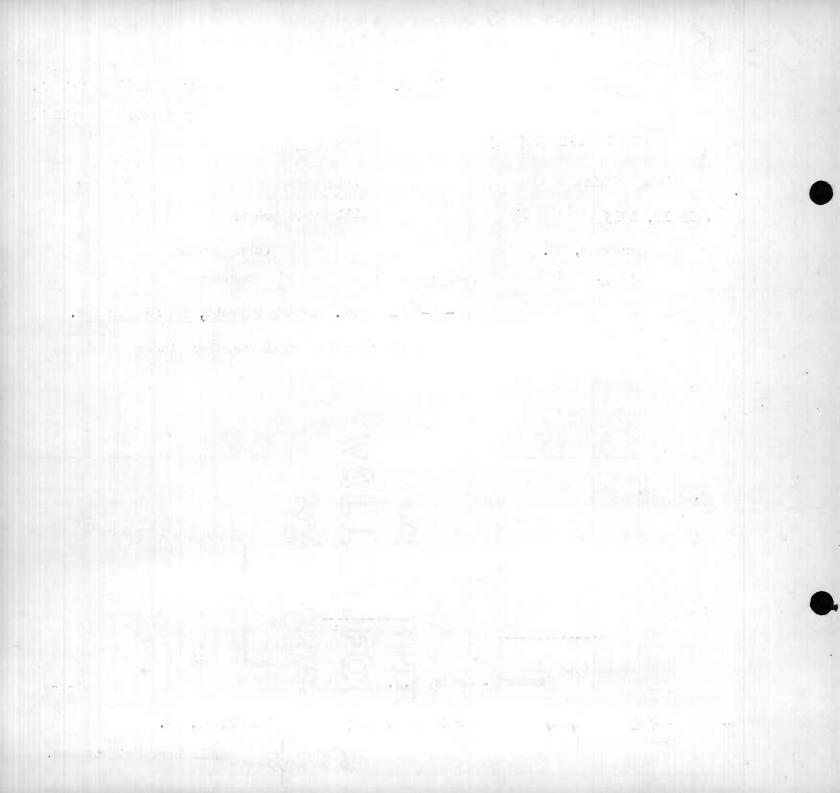
Such

	01	O ACAG	BALTIMORE CIT	Y HEALTH DEPARTMENT		20 1010
	00	3- 1648	CERTIFICA	ATE OF DEATH	REG. NO	68-1648
BIRTH NO.	CEASED		OLIVIII 10/		ND HOUR OF DEAT	
(Type or Print)						
2 DI A CE INI D	Joseph H. Ro				ruary 8, 19	institution; residence before odm
3. PLACE IN BA	ALTIMORE, MARYLAND,	WHERE PRONOUP	NCED DEAD	A. STATE B. COU		Institution: residence before dom
FULL NAME O	F (IF NOT IN HOSE	TAL OR INSTITUT	TION, GIVE STREET	Maryland		0/1-/8
HOSPITAL OR	ADDRESS OR LO	CATION)		C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
2000 1	Tamarana Amaran	n-74-	Wa oroze	Baltimore		YES X NO
3900 1	Hayward Avenu	e parro	. Md. 21215	E. STREET AND NUMBER	2	1215
00				3900 Hayward	lvenue	12.17
SEX	6. RACE	7- MARRIED X	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Months Doys Hours
Male	White	WIDOWED		March 5 1903	lost 64thdoy)	Willias Doys Hoors
			BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT CO
	of working tife, even if retired	Perchi a	try Institut	a Francista abuna Ma	braland	U.S.A.
	ttendant	rsychia	cry ruscicuo			U.O.A.
3. FATHER'S N.	AME			14. MOTHER'S MAIDEN NA	ME	
unknov	m			unknown		
	ed Ever in U. S. Armed F		6. SOCIAL	17. INFORMANT		3900 Appress
nes, no or unknov	ring yes, give wor or do		219-03-9517	Mrs. Dorothy V	7. Rosenste	
1B. C.J. L.J.			CAUSE OF DEA		. 1000011000	Balto 15 Md.
rise ta t	OR CONDITIONS, if the obave cause (A NG CONDITION last.		DUE TO, OR A	S A CONSEQUENCE OF:	ore Coso	42
451	II III III III III III III III III III	ONTRIBUTING	Respo	sturd Bra	ehiaf ast	engellen
	ATH BUT NOT RELATED TO					f Geller
	OF OPERATION 198. CO		HICH OPERATION	20 A. AUTOPSY? (Yes or N	O) 20B. IF YES, WER	E FINDINGS CONSIDERED
	WA3 **	RIORIVIED			IN CERTIFIED C	AUSES OF DEATH:
OR CONTRI	BUTING CAUSE OF		LACE OF INJURY (e.g., form, foctory, street,	in or obout 21C. WHERE DID office bidg., INJURY OCCUR?	(It in Boltim	ore City, give exact location)
O 21 D. TIME	(Month) (Doy) (Yeo	r) (Hour) 21 E. I	NJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
OF INJURY		While				
		Work	At Worl	7 +0	(1)	4 6
22. 1 certif	fy that (1) (this hospit	al) attended the	edeceased from	Juni S	194 / to	1 6 8 19 1
that (1) (we	e) lost sow the decea	sed olive on	1-10-7	19 6 8 and th	hot in (my) (our) o	pinion deoth accurred on th
and hour a	nd from the couses st	oted obave. (1)	(We) (did) (did nat)	view the body ofter death.		
234% SIGNAT		N 15.		The state of the s		23B, DATE SIGNED
16/21	Allen G	Ad to have	11 AH	rending Med.	Staff	1 8, 15
225 21145	Chorced /	()00 17	DEGREE Ph	ys. Director	Phys.	2- 4- 60
23C. PHYSIC	(Type)			23D. ADDRESS		
	Dr. Thomas	Abbott	DEGREE	4509 Liberty Hi	Ights Ave	Balto Md. 21207
4A. BURIAL CE	REMATION, 24B. DATE	24C. NAA	ME of CEMETERY OF CI	REMATORY 24D. I	LOCATION (City, town, or county) (S
Burial	2/12/6	8 New	Cathedral C	emetery 430	00 Old Fred	erick Rd Balto M

25C FUNERAL DIRECTOR



5		MEI	DICAL E	XAMINER'S	CERTIFI	CATE OF	DEAT	H		-0 20
	TH NO.							REG. NO)	
1. I	NAME OF DEC	CEASED	TION		2. DATE OF	Known 🗌	Month	Doy	Yeor	Hour
		ERNEST I	EON	HARGETT	DEATH	Estimoted	Febru	ary 9,	1968	9:25 A.M
II		LTIMORE, MARYLAND,			3. DATE	INICED DEAD	Month	Doy	Yeor	Hour
HO	L NAME OF	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITUT ATION)	TION, GIVE STREET		UNCED DEAD		ary 9,		9:25 A.
to		INAI HOSPITA	L (DOA)		A. STATE	Maryland	re deceosed li	B. COUNTY		before odmission)
6. 5	EX	7. RACE	8. MARRIED	☐ NEVER MARRIED ☐	C. CITY OR	TOWN		D. INSIDE	CITY LIMITS?	
	Male	White	WIDOWED	DIVORCED	Balt	imore			YES 🛣	NO D
9. [ATE OF BIRT	H 10. AGE lost birthd	In years If I	Under 1 Yr. If Under 24 Hrs.	E. STREET	AND NUMBER			17.	w 1 51
Ji	ily 13,	1915	52		5212	Maple Ave	nue		of 1	1 11
		State or foreign country)	12.	CITIZEN OF	13. FATHER					
	Нао	erstown, Md.		WHAT COUNTRY?		Je	ohn Har	apt.t		
14A	USUAL OCCU	JPATION (Give kind of wor	k 148. KIND OF	BUSINESS OR INDUSTRY	15. MOTHE			E000		
Idon		working life, even ifretired inter)	Printing			unknow	n		
16.		ED EVER IN U.S. ARME	D FORCES?	17. SOCIAL	18. INFOR	TNAN			ADDRESS	
		(If yes, give wor or dote		SECURITY NO. 218-07-0001		Dorothy H	Hargett			Ave.
	19.	29		CAUSE OF DEA	TH					PPROXIMATE INTERVAL
	(This does n heart foilure injury or cor	IE OR CONDITION DIR LEADING TO DEATH to the mode of cooperation of the mode of cooperation which coused distribution which coused distribution which coused distribution of the model of th	lying, e.g., ne diseose, eoth.)	(A)IMMEDIATE C	AUSE AS A CONSEQ					
Z	RISE TO TH	E ABOVE CAUSE (A) ST NG CONDITION LAST.		(C)	A3 A CONSE	20111CL OF.	~~~~			
CERTIFICATION	TO THE DE	II NIFICANT CONDITIONS (ATH BUT NOT RELATED TO R CONDITION GIVEN IN	O THE TERMINA			~~~~~			Radii di distribulla shi shi wila 1000 da dana anganga isa mba	
CERT				R WHICH OPERATION W	AS PERFORM	NED			21. AUTO	PSY? (Yes or No) YEs
MEDICAL	UNDERLYING	NAL CAUSE WAS GOOR CONTRIB-	228 hom	PLACE OF INJURY (e.g., e, form, foctory, street, offic	in or obout 2 e bldg., etc.)	2C. WHERE DID NJURY OCCUR?	(If in Boltimo	re City, give e	xoct locotion)	
Σ	22D. TIME OF INJURY (APPROX.)				WHILE CORK	2F. HOW DID IN	NJURY OCC	JR?		
		rify that I held on ted from: Natural co		Inspection Au		and that on		death in m		
	ACTUAL SIGNATI EXAMIN	URE CUCSALS	h-	Spite M.D	- ASSI	CHIEF MEDICAL STANT MEDICAL OCIATE MEDICAL	EXAMINER			DATE SIGNED
	NAME (1		erner U.	Spitz, M.D.	ASSC	CIATE MEDICAL	EVAMINEK			2-9-68
RE/	Burial CREA	MATION, 248. DATE		Woodlawn Cem			location		wn, or county) (Stote)
25/	. DATE REC'D	BY HEALTH DEPT.	258. NAM	E OF REGISTRAR	255/	FUNERAL DIRECT	TOR		ADDRESS	
	FE	1000 (22.5	E. Collegen	loi	lervar Im	min. 46	ll Park	K Heigh	ts Ave.
VS	151-REV. 1/1/68	8					Pro Inc.			



68-	BALTIMORE CITY	HEALTH DEPARTMENT		00 4000
00	CERTIFICA	TE OF DEATH	REG. NO	68- 1650
BIRTH NO.	CERTITICA			
1. NAME OF DECEASED (Type or Print)		2. DATE AN	ND HOUR OF DEATH	0 . 46/
ANIOCIA	ZZARO		2/10/6	8 12 AM.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PI	RONOUNCED DEAD	4. USUAL RESIDENCE (Whe	ere deckosed live s. If i	nstitution: residence before admission)
FILL NAME OF THE NOT IN HOSPITAL OF	NOTHITISM CIVE STREET	MARYLAND		3-12
FULL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	Namionoli, GIVE STREET	C. CITY OR TOWN	D INS	IDE CITY LIMITS?
	HOCDITAL	BALTIMORE		YES TX NOT
THE JOHNS HOPKINS	HUSPITAL	E. STREET AND NUMBER		123 24 100 2
3 BALTIMORE, MD 212	205	900 EASTE	RN AVE	
5. SEX 6. RACE 7. AAAE		B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
MALE WHITE			lost birthdoy	Months Doys Hours Min.
WIDC	WED DIVORCED	6-21-02	65	
tOA, USUAL OCCUPATION (Give kind of work 10B, KINdone during most of warking lile, even if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
03 1	ity, Baltimore	Doltimono Md		USA
13. FATHER'S NAME	rey, barcimore	Baltimore, Md.	ME	UAA
FRANK LAZZARO				
		SCALA RAF		
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (II yes, give wor or dotes of ser	1 6. SOCIAL	17. INFORMANT Robert. V. Laz	(500)	ADDRESS
No	216-07-5968	201 Decale	zaro (bon)	
18. / 4 2 2	CAUSE OF DEATI	ZZ4 Brackenwo	od Ct. Time	nium, Md.21093
HIL.	CHOSE OF SEAT			BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		12.	().1	
(This does not mean the mode of dying,	(A) IMMEDIATE CAU		tailme	
heart lailure, osthenia, etc. 11 meons the dis		A CONSEQUENCE OF:		
injury or camplication which caused death.)	X 1		11 . 0	
ANTECEDENT CAUSES	(B) /tr	eviosclevotic	Items U	iserse
DISEASES OR CONDITIONS, if any,	iving DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the obove couse (A) stating UNDERLYING CONDITION last.	the A	evio Sclevosis	2	
UNDERETING CONDITION Idsi.	(C)			
z 420,0 II		1 , 1	0.	^
O WHEK SIGNIFICANT CONDITIONS CONTRIBUT		iz obstructi	re Pulm.	disease
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).				
19A DATE OF OPERATION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTO SY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED
THE STATE OF THE S		yes.		No.
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in	ice bldg. INJURY OCCUR?	(If In Baltimo	re City, give exact location)
DEATH (notify medical examiner)	etc.)			
21 D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	-10-1
OF INJURY	While At Not While			
(APPROX.)	Work At Work			1
22. I certify that (I) (this haspital) atten	ded the deceased fram	1 19	19 68 to	2/10 1960,
that (I) (we) last saw the deceased allve	on 2/10	19 68 and th	nat in (mv) (our) apl	nian death accurred an the date
		•	idi iii(iii), (ooi, api	man deall deconed an ine date
and haur and from the causes stated aba	ve. (I) (We) (did) (did nat) v	iew the bady atter death.		
23A. SIGNATURE	V. V. AND.			23 B. DATE SIGNED
Kummona VI	DEGREE Phys	nding Med.	Shaft Phys.	FO. 10. 1068
23C. PHYSICIANS		23D. ADDRESS		
NAME (TYPE)	Ca) wre	JOHNS HOPE	KINS HOSPI	TAI
24A BUBBAL CREATANIGH DATE	DEGREE			
24A. BURIAL CREMATION, 24B. DATE 2 REMOVAL (Specily)	4C. NAME of CEMETERY OF CRE	MATORY 24D. L	OCATION (C	ity, town, or county) (Stote)
Burial 2/13/1968	Most Holy Redeeme	er Cemetery Ral	ltimore, Md.	
	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	3	ADDRESS
FEB 1 1968	BE FEBRURE	Lugenia K. Se	itz 5209 Y	fork Rd.
VS 150-REV. 1/1/6B		Seitz Funera	1 Home Balt	imore, Md. 21212

Renal Salare Arbinishenhillent Dies 2:2-101 2 - 101 A Querie wholesone Pulm France 016 Reguest & Kature Mo Rayon & J. Co. Sure

68- 1651 BALTIMORE CITY HEALTH DEPARTMENT

9	MED	DICAL EX	XAMINER'S	CERTIFIC	CATEC	F DEAT	H.V.	00	- 16	51
BIRTH NO.							REG. NO.			
(Type of Print)	HESTER M.	KI	INE	2. DATE OF	Known X	Month Februa	Doy	Yeor	Ноиг	
	TIMORE, MARYLAND, N			DEATH 3. DATE	Estimated	Month	Doy	Yeor	Hour	M.
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTI			NCED DEAD	Februar			3:15	P
OR INSTITUTION			4			here deceosed liv		n: resident	e belore admi	ssign
	i Hospital		(DOA)		ENNSYLV	ANIA	B. COUNTY	V	-3	5
6. SEX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR			D. INSIDE C	ITY LIMITS	?	T. F.
Male	White	WIDOWED		Color			Y	ES 🗌	NO 🗌	
9. DATE OF BIRTH 7/11/96	1 10. AGE (I last birth)	n years If U	nder 1 Yr. If Under 24 Hrs. hs. Doys , Hours , Min.	941	ND NUMBER Walnut					
11. BIRTHPLACE (S	tote or foreign country)		ITIZEN OF	13. FATHER'S	SNAME					
Pennsy:	lvania	TI	S.A.	Samue	el Kli	ne				
14A.USUAL OCCU	PATION (Give kind of work		BUSINESS OR INDUSTR	15. MOTHER	'S MAIDEN	NAME				
Real to	rarking life, even ifretired)	Real	Estate	Elen	Sehri	st				
IA WAS DECEASE	ED EVER IN U.S. ARME	FORCES?	II7. SOCIAL	18. INFORM	ANT		A	DDRESS		
	(If yes, give wor or dates WWI	of service)	SECURITY NO. 165-03-933	Dani	el Leb	er Fun	eral H			
19. 4/12	91		CAUSE OF DEA	тн					APPROXIMATE IN	
DISEAS	E OR CONDITION DIRE	CTLY								
	LEADING TO DEATH		(A)IMMEDIATE	CAUSE Art	erioscl	erotic c	ardiova	scula	r disea	ise
(This does not heart failure,	ot meon the mode of di osthenio, etc. It meons th	ying, e.g., e diseose,		AS A CONSEQU	JENCE OF:					
Injury or com	plication which coused de	ath.)								
1	NTECEDENT CAUSES		da)							
DISEASES	OR CONDITIONS, IF AN	Y, GIVING	(B)	AS A CONSEC	UENCE OF:		~~00000000000000000			0.000000000000
UNDERLYIN	ABOVE CAUSE (A) STA	TING THE						10		
No.			(C)							
O THE DEA	IFICANT CONDITIONS C	THE TERMINAL								
20A DATE OF	CONDITION GIVEN IN F		WHICH OPERATION W	AS DEDECORAL	FD			21 A11	TOPSY? (Yes	or No
B DAIL OF	OF EXAMOITY 1200. CO	INDITION FOR	WHICH OFERATION W	AS FERFORM				21. A01	No	, 110)
4	NAL CAUSE WAS	1228	PLACE OF INJURY (e.g.,	in as absent 20	C WHERE D	ID /// - 0 - 4/	- City -ty-			
UNDERLYING	OR CONTRIB-	home	e, farm, factory, street, affic	e bldg., etc.) IN	JURY OCCUI	R?	re City, give ex	oct lacation	,	
≥ 22D. TIME (Month) (Day) (Yeo	r) (Hour) 2	2E.INJURY OCCURRED	22	F. HOW DID	INJURY OCCU	JR?			
(APPROX.)				WHILE ORK						
23.										
		inquiry L		topsy 🔲	ond that o	n this bosis,	deoth in my	opinion		
result	ed fram: Notural car	ses X A	coident U Suici		micide 🔲		ned monner			
ACTUAL	CO A	1	1	_ 0	HIEF MEDICA	AL EXAMINER			DATE SIGN	NED
SIGNATU	JRE Mark	7,	Jan M.C	ASSIS	TANT MEDIC	AL EXAMINER	XX Feb	ruary	10, 19	
EXAMINI NAME (T		. Spring	gate, M.D.	ASSO	CIATE MEDICA	AL EXAMINER		ruary	10, 13	
24A. BURIAL CREA	MATION, 248. DATE	24	C. NAME of CEMETERY	or CREMATO	RY 2	4D. LOCATION	(City, taw	n, or coun	ty) (Sta	le)
Burial	2/10/	68 S	ilver Spri	ng Cem	etery	Colomb	ia, Pe	ennsy	lvani	a
25A. DATE REC'D			OF REGISTRAR	25C F	UNRAL DIRE	CTOP	1	ADORESS		
FEB	13 1968 (2)	2.32.	Jallons	600	9 Hari) Alten	Balt	to,,	Md.21	214
VS 151-REV. 1/1/68						C				1

. I similar 14 Agreet and a contract of the c

VS 150-REV. 1/1/68

		- 16	CERTIFICA	TE OF DEATH	0 NO	100E
NAME OF DECI		r Bluc	her	2. DATE AND HOUR 2-9-1968	OF DEATH	1 12:459.
3. PLACE IN BALT	IMORE MARYLAND, W			4. USUAL RESIDENCE (Where deceases	l lived. If in	stitution: residence before admis
FULL NAME OF	UE NOT IN HOSPITA	AL OR INST	TITUTION, GIVE STREET	Md.		53.0
HOSPITAL OR	ADDRESS OR LOCA	(NOITA	INTO HON, GIVE STREET	C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
				Paltimore &		YES NO
44	Union Memor:	ial Ho	spital	E. STREET AND NUMBER		
11				9632 Oak Summit A		21234
	6. RACE	7. MARRIE	DE NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In lost birthdo		Months Doys Hours M
Male	Cau	WIDOWE		10-20-1896	71	
	JPATION (Give kind of work vorking life, even if retired)	10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)		12. CITIZEN OF WHAT COU
Carpen	iter	Balt.	imore County	Baltimore, Maryland	1	TT C A
3. FATHER'S NAM		1 - 0	Linoi C Courty	14. MOTHER'S MAIDEN NAME		UsosAs
	George T	homas		Agnas	Phase	an
S. Wos Deceosed	Ever in U. S. Armed For	ces?	16. SOCIAL	17. INFORMANT	Phiff	ADDRESS
(es, no or unknown)	(If yes, give war or date	s of service	SECURITY NO.			
Yes	W.W.1			Walter L. Blucher (old Su	
1B. 2/10	9		CAUSE OF DEAT			APPROXIMATE INTER
DISEAS	E OR CONDITION DIE	RECTLY	a. t.	Coronary Thrombos	La	
	LEADING TO DEATH		acule	Colored / was		30 menute
(This does n	al mean the made of	dvina e		A CONSEQUENCE OF:		
	asthenia, etc. It means			A CONSEQUENCE OF:		
injury or com	plicotion which caused	death.)	-	a to V. I a		7-1-3
1	ANTECEDENT CAUSES		arles	concluste feart &	lacas	e gens
DISEASES	D CONDITIONS II		(8)	A CONSEQUENCE OF:		
	R CONDITIONS, if		13	A CONSEQUENCE OF:		
	CONDITION lost.	Sidiling II	(C)			
,			\6/			
z 420.1	II.					
	ICANT CONDITIONS CO					
A DISEASE OR C	ONDITION GIVEN IN PAR	T 1 (A).		120 A ALIES BOYS (V No.) 200 JE	VPC 14/00F	ENIONICA CONCIDENCE
19A. DATE OF	OPERATION 198 CON		R WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF	TES, WERE	FINDINGS CONSIDERED
	T WAS UNDERLYING		B. PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID	f In Boltimo	re City, give exoct locotion)
	TING CAUSE OF medical examiner		iome, farm, factory, street, o	mee orage, mooki occok:		
		(House o	TE, INJURY OCCURRED	21F. HOW DID INJURY OCC	197	
0					DK:	
21 D. TIME	(Month) (Doy) (Year)	1		9		
21 D. TIME	(Month) (Doy) (Teat)	1	While At Not While Work At Work			
21D. TIME OF INJURY (A PPROX.)		\	Work L At Work		1	obresen 96
21D. TIME OF INJURY (APPROX.) 22. I certify	that (I) (this haspital) ottended	Nork At Work	Epril 28 1944	to J	ebrusy 9 196
21D. TIME OF INJURY (A PPROX.) 22. I certify) ottended	Nork At Work	april 28 1944	_	
21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	that (I) (this haspital) ottended	Work At Work If the deceosed from Jehnsey	28 19 44 19 68 ond that in(my)	_	
21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and hour and	that (I) (this haspital last saw the decease from the couses stot) ottended	Work At Work If the deceosed from Jehnsey	Epril 28 1944	_	infon death occurred on the
21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	that (I) (this haspital last saw the decease from the couses stot) ottended	d the degeosed from	april 28 19 44 19 68 ond that in(my) view the body ofter death.	_	nion death occurred on the
21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and hour and	that (I) (this haspital last saw the decease from the couses stot) ottended	d the degeosed from	2 19 44 19 68 ond that in (my) view the body ofter death.	_	infon death occurred on the
21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and hour and	that (I) (this haspital last saw the decease from the couses state) ottended	Work At Work d the deceosed from Jebruary (1) (We) (did) (did not) M DEGREE Ath Phy	2 19 44 19 68 ond that in (my) view the body ofter death.	_	nion death occurred on the
21D.TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and hour and	that (I) (this haspital last saw the decease from the couses state) ottended	Work At Work d the deceosed from Jebruary (1) (We) (did) (did not) M DEGREE Ath Phy	2 19 44 19 68 ond that in (my) view the body ofter death. and med. Staff Director Phys.	_	nion death occurred on the
21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and hour and 23A. SIGNATU	that (I) (this haspital last saw the decease from the couses stat RE) ottended ed olive or ted above.	Mork At Work If the deceosed from	19 68 ond that in (my) riew the body ofter death. Inding Med. Staff Staff Phys. 23D. ADDRESS	(our) opi	238, DATE SIGNED
21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and hour and 23A. SIGNATU	that (I) (this haspital last saw the decease from the couses state RE Couses State RE COUSES STATE N'S) ottended ed olive or ted above.	Mork At Work If the degeosed from Jebruary (I) (We) (did) (did not) M. DEGREE Attemption Attemption DEGREE	19 68 ond that in (my) riew the body ofter death. Inding Med. Staff Staff Phys. 23D. ADDRESS	(our) opi	238, DATE SIGNED
21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and hour and 23A. SIGNATU 23C. PHYSICIA NAME (T)	that (I) (this haspital last saw the decease from the couses stote RE N'S Per Nation, 248. DATE ipecify)) ottended ed olive or ted above.	Mork At Work At the deceosed from Attendary (I) (We) (did) (did not) M DEGREE NAME of CEMETERY of CR	2 19 44 19 68 ond that in(my) riew the body ofter death. Inding Med. Staff Phys. 23D. ADDRESS EMATORY 24D. LOCATION	(cur) opi	23B, DATE SIGNED 2/10/68
21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and hour and 23A. SIGN ATU 23C. PHYSICIA NAME (T) REMOVAL (S)	that (I) (this haspital last saw the decease from the couses stote RE N'S Per Nation, 248. DATE ipecify)	24C.	Mork At Work If the deceosed from	2 19 44 19 68 ond that in(my) riew the body ofter death. Inding Med. Staff Phys. 23D. ADDRESS EMATORY 24D. LOCATION	(cur) opi	238, DATE SIGNED



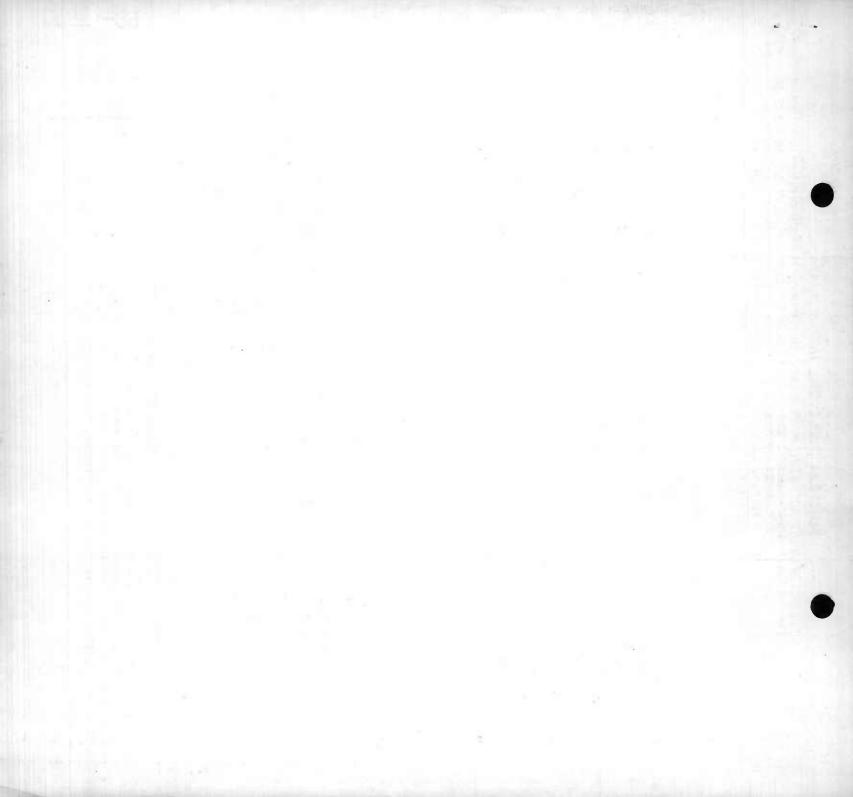
IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



R-132 6	8- 1654 CERTIFICA	Y HEALTH DEPARTMENT	ered No. 68- 1654
M.E. CASE NO. 1, NAME OF DECEASED	CERTIFICA	2. DATE AND HOUR O	
(T P 1)	IIIV		
3. PLACE OF DEATH IN BALTIMORE,	MARYLAND	4. USUAL RESIDENCE (Where deceased	lived. If institution: residence before admission
FULL NAME OF (If not in hospi HOSPITAL OR oddress or local	tol or institution, give street tion)	C. CITY OR TOWN (If outside city lim	its, write RURAL and give township)
117		Praltikore	15-10
425MAI HOSP	of Balto.	D. STREET ADDRESS (If rurol, give to 2449 SKIRCE	GOTION FRIEDLER GUEST HOUSE
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In	yeors If Under 1 Yr., If Under 24 Hrs.
MALE CCHITE	WIDOWED, DIVORCED (specify) WIDOWER	1881 lost birthdoy	6
done during most of working life, even if retire		11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
BUSHELMAN	CLOTHING CO.	POLAND	u.s.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
JOSEPH RAVITZ		Thenow	
15. Was Deceased Ever in U. S. Armed (Yes, no or unknown) (If yes, give wor or o	Forces? 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO		MP TOUTH PAUTTY 500	1 DOVERDALE DR. APT. C-2
18.4486 X I	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION LEADING TO DEAT		300000000000000000000000000000000000000	19-15 days.
(This does not mean the made	of dying, e.g., DUE TO	SPTICEMIA	
heart failure, asthenia, etc. It med	ins the disease,		
injury as camplication which caus	ed dedin.)	CUMP ABSCESS	10-15 aley
ANTECEDENT CAUS	DUE TO	,	
DISEASES OR CONDITIONS, in ise to the above cause (A UNDERLYING CONDITION last.	f any, giving A) stating the (C)	PHELIMONIA	15-30 days
2 493X II			
O OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT R DISEASE OR CONDITION CAUSIN	ELATED TO THE	ISHD.	
19A. DATE OF OPERATION 19B. C	ONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 B. IF YI	ES, WERE FINDINGS CONSIDERED FYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID (If i	in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	office bldg., INJURY OCCUR?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
21D. TIME (Month) (Doy) (Ye	or) (Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCU	R?
₹ (APPROX.)	While At Work At Work	nile	
20.1			5 0 - 68
	tal) attended the deceased fram		(aur) apinian death accurred an the date
	tated abave. (1) (W.e) (did) (did not)		
23A. SIGNATURE			23B, DATE SIGNED
	M.D. A	ttending Med. Stoff Director Phys.	2.6.
23C. PHYSICIAN'S	TOY PI	23D. ADDRESS	2.9-68
NAME (Type)			
EDI,	TO C. GALVEIM.	SINAI HOS	s. of Balto.
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24C. NAME of CEMETERY OF C		(City, town, or county) (State)
BURIAL 2-11-6	8 BOBROISKER VERE	IN BALTIMOR	E, MARYLAND
25A. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
CED 1 1 1000 /	DE C FARLER	SOL LEVINSON & BROS	., 6010 REISTERSTOWN ROAD
VS 150-DEV 1/1/65	Allowed and a second		

Chalenawow

VS 150-REV. 1/1/68



VS 150-REV. 1/1/6B

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IMPORTANT

DIRECTOR:

FUNERAL

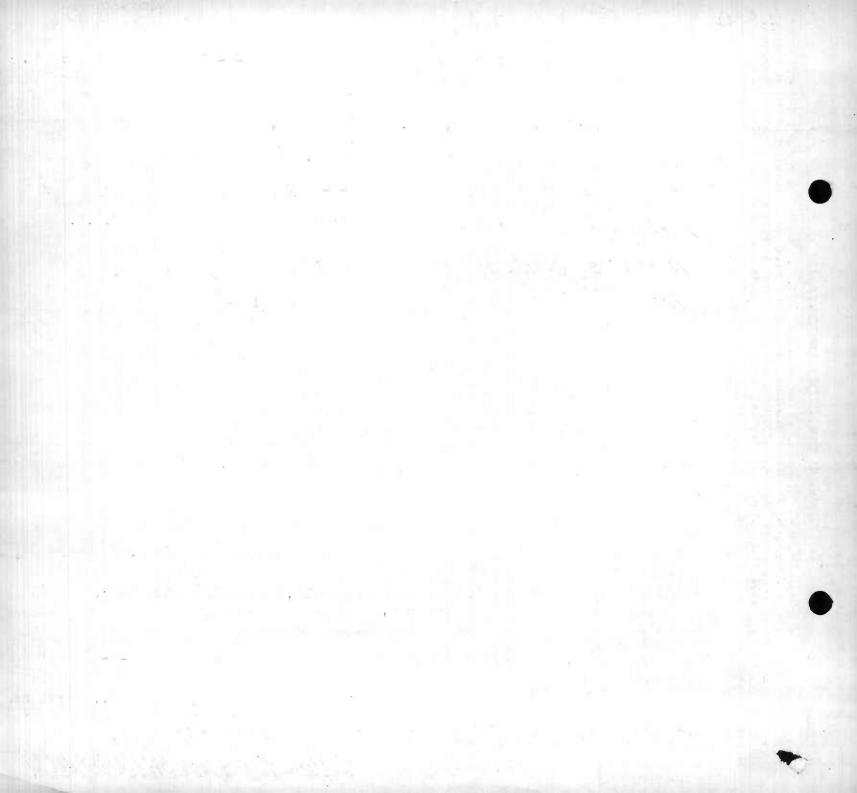
VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

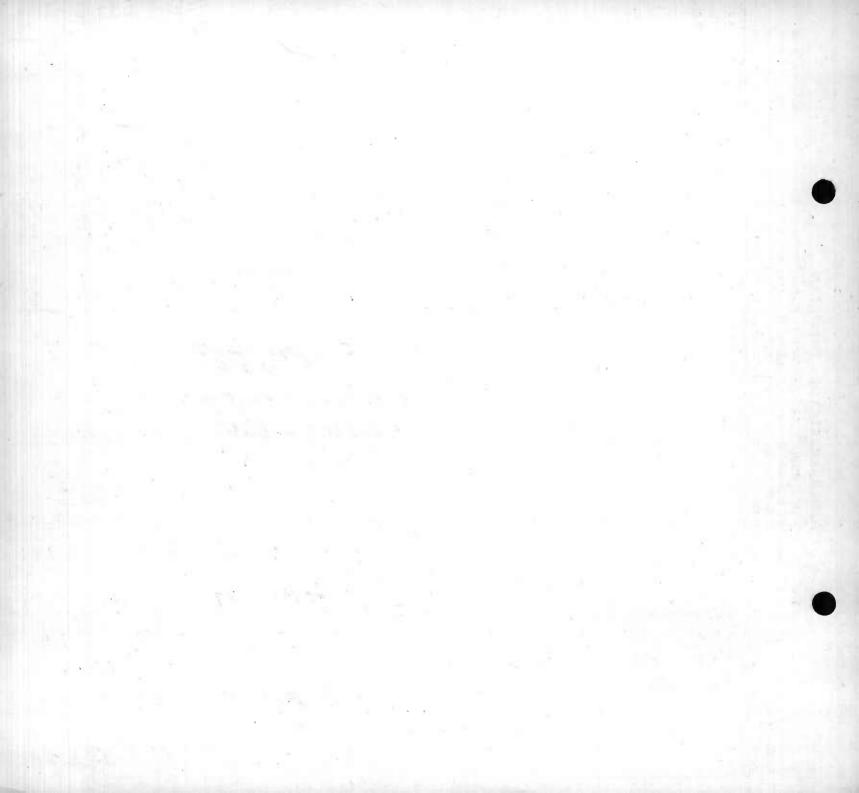
rent myorandole Squaler : " always Herry Bress Total Manuel Lun X

a not think to feel EMPLOYED TO PERSON AND AND AND AND THE PARTY OF THE PARTY CRWMSVILLE STATE H 82 7-26-1900 68 UNITHOWN. the state of the state of PTS RELORDS + DALENTER HYPERGEROLAR ACKNETOTICS DIABETES MEMPILIS 2/2/68 C ILIO FERCOR TIDORE YES 3/5 3/2 8/2/2 8/5 100 SARY 3 PLOTYICA

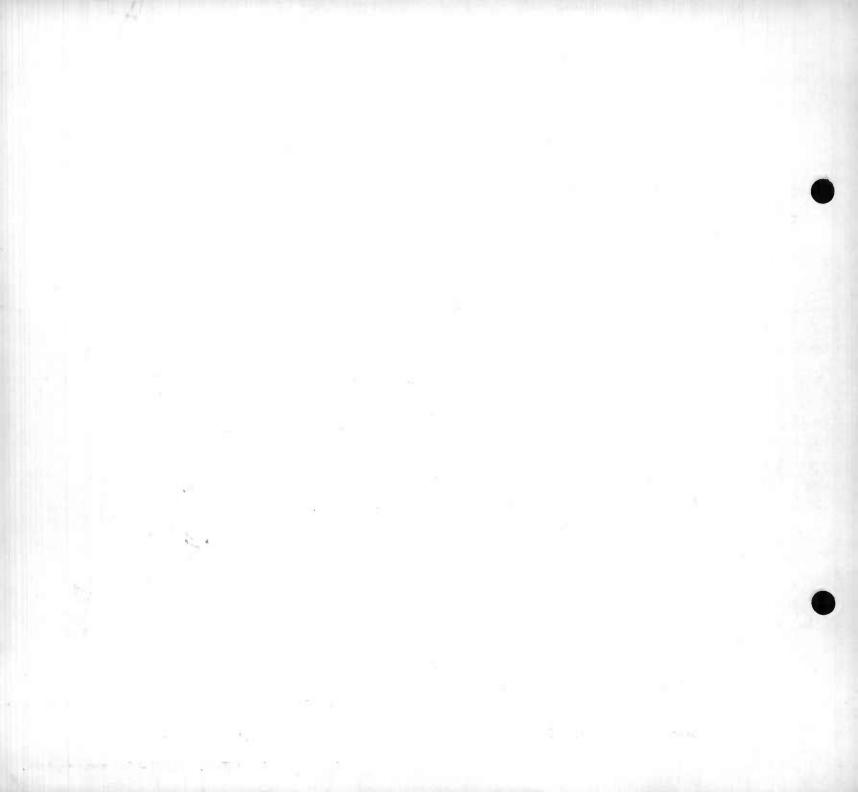
VS 150-REV. 1/1/6B



VS 150-REV. 1/1/68



B-ELD OF 1001	BALTIMORE CITY	HEALTH DEPARTMENT		CO. 1	008	
0-560 68-1661	CERTIFICA	TE OF DEATH	REG. NO	68- 1	051	
IRTH NO. NAME OF DECEASED		2. DATE AN	D HOUR OF DEAT	Н		
Type or Print) Louis A. BAUME	R	2/11/	68		13 30	P
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. II	institution: resid	ence belore a	dmissign
THE MARKE OF THE MOTHER HOSPITAL OR INSTITUTION	CIVE STREET	MX			1-0	15
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION) NSTITUTION	GIVE SIKEEI	C. CITY OR TOWN	D. IN	ISIDE CITY LIMIT	5?	
		80270		YES 🔀	NO	
MARYLAND GENERAL HO.	SPITHE	E. STREET AND NUMBER				
		2115 GOLGH	ST			
SEX 6. RACE 7. MARRIED NE	VER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Months: Do	Yr. If Under	24 H Min.
M CAUC WIDOWED	DIVORCED	03-67-17	lost birthdoy)	rotolillis Do	y s 110015	14/1110
DA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSIN	IESS OR INDUSTRY		ign country)	12. CITIZEN	OF WHAT C	OUNT
TRON WORKER MARYLAND	DEVADORY	MARYLAND		11.	SA.	
3. FATHER'S NAME	rever	14. MOTHER'S MAIDEN NA	MF			
THOMAS C. BAUMER		MARY J		N		
5. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give wor or dotes of service)	CURITY NO.	17. INFORMANT		127	527 W	1204
NO 21	7-09-1088	PHILBERT	F. BAU.	MER R.	D. BA	2.70
18.	CAUSE OF DEATH	H		I A	PPROXIMATE IN	
DISEASE OR CONDITION DIRECTLY	SEPSIS	WITH POSSIBL	E SEATIN		18 14	
LEADING TO DEATH	(A) IMMEDIATE CAU		2 2211/2	SHOCK	10 14	RS
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS	A CONSEQUENCE OF:			- /	
injury ar camplication which caused death.)		UPPER 6.1.			18 M	es
ANTECEDENT CAUSES	(8) 1110	A CONSEQUENCE OF:	ISCENC.	E	3 DA	445
DISEASES OR CONDITIONS, if any, giving						
rise to the above cause (A) stating the UNDERLYING CONDITION tast.	10 ADEN	VOCAPCINOM	A OF RE	CTUM		
1000	(U)aagkadaasaasaasa					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		••••••				
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH	OPERATION	20A. AUTOPSY? (Yes or No	1 208. IF YES, WER	FINDINGS CO	NSIDERED	
2/8/68 CA RECTUM	- COLOSTO	my No.	III CERIII III C	AUSTS OF BEA		
OR CONTRIBUTING CAUSE OF	OF INJURY (e.g., in	fice bldg., INJURY OCCUR?	(If in Baltim	ore City, give ex	roct location)	
DEATH (notify medical examiner)						
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJUE	RY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
(APPROX.) While At [Not While	е				
		7/3//	10 10	2-111	10	68
22. I certify that (H) (this haspital) attended the dec	eosed from		19 68 10			
that (1) (we) last sow the deceased alive on	a f . ()		ot In (my) (our) o	pinion death o	occurred on	the d
and haur and from the causes stated above. (1) (We)	(did) (did not) v	iew the body after death.				
23A SIGNATURE MAN	0		c. # 4-	23B. DATE S	IGNED	10
1. X. Charaga m	DEGREE Phys	nding Med. Director	Shaff Phys.	1/0	7c6 6	08
23C/PHYSICIAN'S NAME(Type)		23D. ADDRESS	10		1	
1/1 / 1 / 1 / 1 / 1 / 1 / 1		- 1	1 Hand	nol	the .	P.
WI - V. (V CIRCOYD IVI	1),	MARALAM	1 July	100	17.00	
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of	DEGREE CEMETERY OF CRE	Marylans EMATORY 24D. L	OCATION	City, town, or co	ounty)	(State)
REMOVAL (Specify)	CEMETERY of CRE				ounty)	(State)
Burial 2-15-1968 Holy	Redeemer	Bal	timore, Mar			(State)
REMOVAL (Specify)	Redeemer		timore, Mar		ADDRESS	



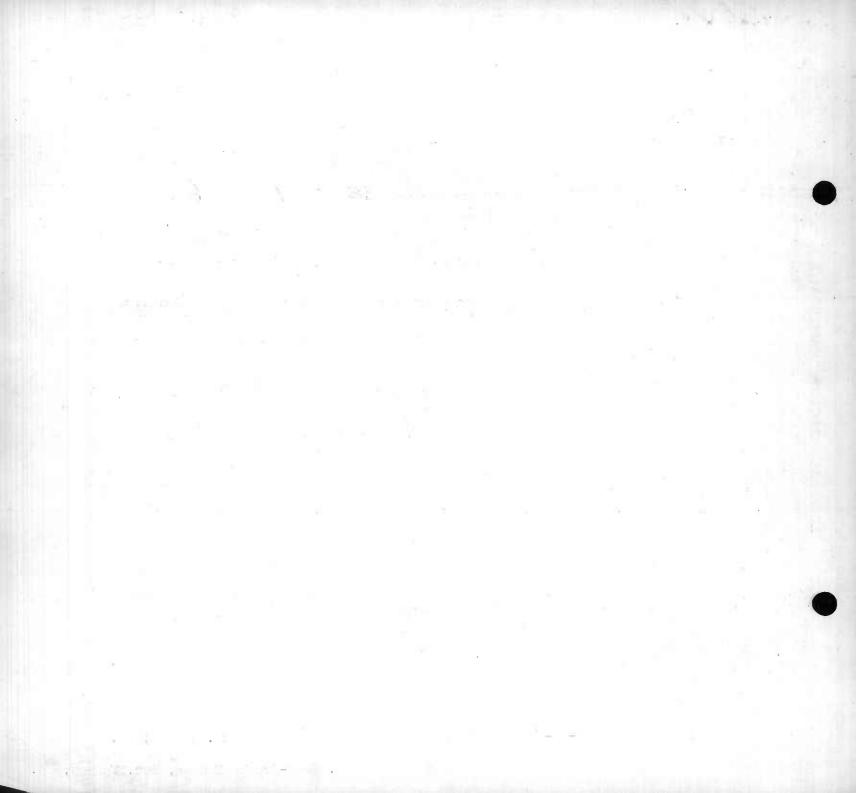
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68- 1662 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH REC NO.	68-
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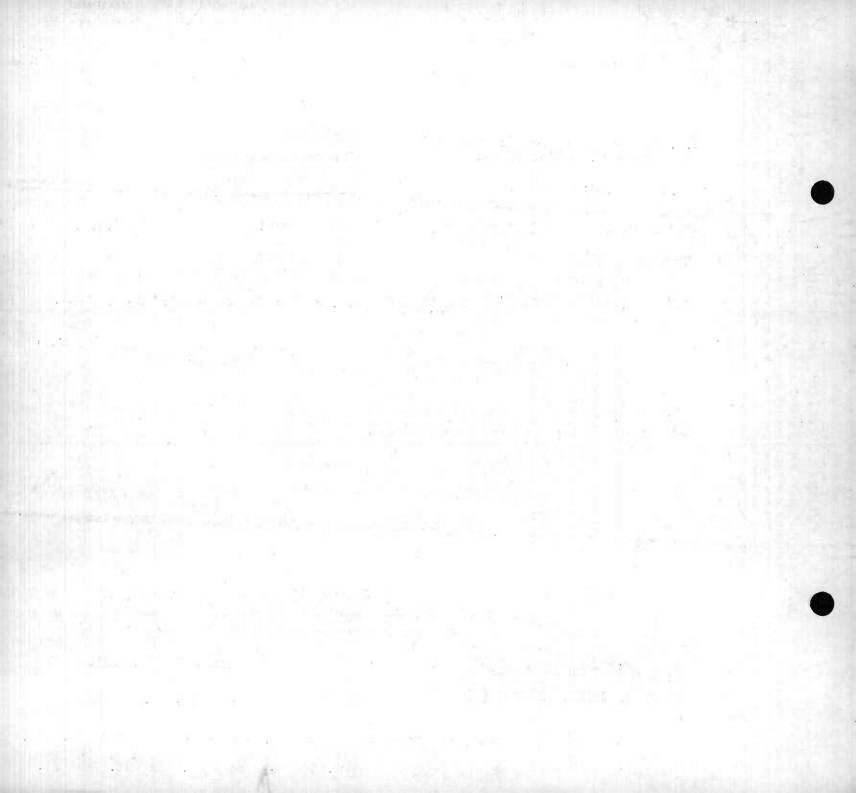
	MED	DICAL E	EXAMINER'S	ERTIFI	CATE OF DEAT	H	68	1662	
BIRTH NO.						REG. NO.			
Type or Print)	EASED NTHONY	PR	ODEY	2. DATE OF DEATH	Known Month Estimated Februa	ry 8, 19	968	Hour	М.
4. PLACE IN BAL	TIMORE, MARYLAND, V	WHERE PROP	NOUNCED DEAD	3. DATE	Manth	Day	Year	Havr	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA	AL OR INSTITU ATION)	TION, GIVE STREET		UNCED DEAD Februar ESIDENCE (Where deceased in	y 8, 196		10:45	
60 805	N. Rose St.			A CTATE	aryland	B. COUNT	residence of	elare damissio	III.)
6. SEX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR	TOWN	D. INSIDE CI	TY LIMITS?	Annual Section 1	A STATE OF STREET
Male	White	WIDOWED	DIVORCED [Baltimore	YE	s X	100	
2-19-	Handle at Ja	n yeors If Mo	Under 1 Yr. If Under 24 Hrs. onths Doys Haurs Min.		N. Rose St.				
II. BIRTHPLACE (S	itale or foreign country)	12.	CITIZEN OF	13. FATHER	S NAME				
Maryla	nd		WHAT COUNTRY?	Em	il Prodey				
4A.USUAL OCCU	PATION (Give kind of work	14B. KIND O	F BUSINESS OR INDUSTRY						
Watchm	orking life, even if retired)	Secur	21 +37	An.	no Dottesias				
			17. SOCIAL	IB. INFORM	na Pottgeiser		DRESS		
Yes, no or unknown) NO	(If yes, give war or dotes	af service)	SECURITY NO.	Mrs.	Augusta Proc	ley			
19. / 6	- 1.0		219-01-686 CAUSE OF DEAT	9805	N. Rose St.	Baltim	ore,	ROXIMATE INTE	RVAL
1 41	2 X I		CAUSE OF SEA				BETWE	EN ONSET AND	DEATH
	E OR CONDITION DIRE	CTLY		OI.		,			
	LEADING TO DEATH		(A)IMMEDIATE C	AUSE Chr	onic pulmonary	empnysen	na		
heort foilure,	at mean the mode of dy , osthenio, etc. It means the	e diseose,	DUE TO, OR A	S A CONSEQ	UENCE OF:				
Injury ar can	rplication which caused de	ath.)							
14	NTECEDENT CAUSES		(n)						
DISEASES	OR CONDITIONS, IF AN		DUE TO, OR	AS A CONSE	QUENCE OF:				
UNDERLYIN	E ABOVE CAUSE (A) STA NG CONDITION LAST.	TING THE							
Z O			(c)						
O THE DEA	II IFICANT CONDITIONS C ATH BUT NOT RELATED TO	THE TERMINA							
DISEASE OR	CONDITION GIVEN IN P		R WHICH OPERATION WA	C DEDECORA	(C)		In Auron	cvo /V	h1-1
O DATE OF	OPERATION 200. CO	NUITION FO	K WHICH OPERATION WA	S PERFORM	IED		ZI. AUTOP	SY? (Yes or)	Na)
		Too.						No	
UNDERLYING	NAL CAUSE WAS ON CONTRIB- USE OF DEATH.	hon	B. PLACE OF INJURY(e.g., ne, form, foctory, street, office	in or obaut 2 bldg., etc.) I	2C. WHERE DID (If In Baltima NJURY OCCUR?	re City, give exo	ct lacotion)		
Z 22D. TIME	(Month) (Doy) (Yeo	r) (Hour)	22E.INJURY OCCURRED	2	2F. HOW DID INJURY OCC	UR?			
(APPROX.)			WHILE AT NOT AT W	WHILE					
23.		m.	WORK LJ AIW	OKK L					
1	ify that I held on I				ond that on this basis,				
result	ted from: Natural cou	ses XX	Accident Suicid	e Ho	omicide Undetermi	ned monner			
	100	1	1. A		CHIEF MEDICAL EXAMINER			DATE SIGNE	D
SIGNATO	IDE CHALL	, ,	I MA	ASSI	STANT MEDICAL EXAMINER	X		DATE SIGNE	U
EXAMIN				ASSC	CIATE MEDICAL EXAMINER	☐ Febru	arv 8.	1968	
NAME (T		S. Spri	ngate, M.D.				,		
24A. BURIAL CREA		12	24C. NAME of CEMETERY	or CREMATO	DRY 24D. LOCATION	(City, tawn	, ar county)	(Stote)	
REMOVAL (Specif			St. Stanisla	aus Ce	metery Balti	Lmore,	Md.		
Burial 25A. DATE REC'D	RY HEALTH DEPT	-68	E OF REGISTRAR		FUNERAL DIRECTOR		DDRESS		
FEB	- 1000 0 0	6.7	Lay Mad	Ni	cholas T. Ma 21 Eastern Av	tthews		re. Md	
				1006	T Pascelli Av	De Da	F 0 7 11 0 4	,	

505 31. same RE. .C. M. cangeles R. B. Brance, N. D.



1. N				HEALTH DEPARTMENT		C.O. 1004
	TH NO.	68 10	664 CERTIFICA	TE OF DEATH	REG NO.	00-1004
(Ty)	Pe or Print)	Gegenheimer	JeAN E42	2Aboth 2. DATE AN	Feb 10.1968	P 10 39/24 M
FU	PLACE IN SALT	IMORE, MARYLAND, WHERE	INSTITUTION, GIVE STREET	A. STATE B. COUN		
IN	CTITILITICAL	USPHS H	OSPITAL 3-28-68	C. CITY OR TOWN		E CITY LIMITS?
1	2 X		. /	KEAdING		YES NO .
0/	2. / \	BALTIMORE		E. STREET AND NUMBER 8	6127C====/2/	
S. S	SEX	6. RACE 7. MA	RRIED NEVER MARRIED		9. AGE (In years lost birthdoy)	Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
			OWED DIVORCED	11-12-29	3-7 38	
		IPATION (Give kind of work 10B, KI vorking lite, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lorei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	HOUSE			PA.		USA
13.	FATHER'S NAM			14. MOTHER'S MAIDEN NAM	ΛE	
10		WARD L. Et	WALCOPP	L, II, AN	BROWN	ADDRESS
(Ye	s, no or unknown)	Ever in U. S. Armed Forces? (If yes, give war ar dates of se			0.	ADDRESS
	NONE	SS#199-20-9646	UNK	HOSPITAI 1	TECORds	
	18. 205	, O I	CAUSE OF DEATI	Acute	A STATE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDITION DIRECTLY			1 11.	
		LEADING TO DEATH	(A) IMMEDIATE CAU		us Leukemi	A MONTHS
		ol mean the mode of dying, osthenia, etc. Il means the di		A CONSEQUENCE OF:		
	injury or cam	plicotion which coused deoth.				
	A	ANTECEDENT CAUSES	(B)			
		R CONDITIONS, if ony,	3, , , , ,	A CONSEQUENCE OF:		
		obave cause (A) slating CONDITION lost.	(C)			
	204.	3 11	(0)			
Z	OTHER SIGNIF	ICANT CONDITIONS CONTRIBU				
	TO THE DEATH	H BUT NOT RELATED TO THE TERM	AINAL	· · · · · · · · · · · · · · · · · · ·		
ATIC		ONDITION GIVEN IN PART 1 (A).				***************************************
RTIFICATION	19A. DATE OF	OPERATION 198 CONDITION WAS PERFORME		20A. AUTOPSY? (Yes or No	208. IF YES, WERE FI	
CAL CERTIFICATION	OR CONTRIBU	OPERATION 198 CONDITION		n or obout 21 C. WHERE DID	IN CERTIFYING CAU	SES OF DEATH?
CAL	OR CONTRIBU DEATH (notify	OPERATION 198 CONDITION WAS PERFORMED	21B. PLACE OF INJURY (e.g., i hame, lorm, factory, street, of etc.)	n or obout 21 C. WHERE DID	(If In Baltimore	SES OF DEATH?
¥	OR CONTRIBU	OPERATION 198 CONDITION WAS PERFORME! IT WAS UNDERLYING 11 TING 12 CAUSE OF medical examiner)	21B. PLACE OF INJURY (e.g., i home, lorm, factory, street, of etc.) 21E. INJURY OCCURRED While At Not While	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If In Baltimore	SES OF DEATH?
EDICAL	OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.)	OPERATION 198 CONDITION WAS PERFORME! IT WAS UNDERLYING 11 CAUSE OF medical examiner) (Month) (Doy) (Year) (House)	218. PLACE OF INJURY (e.g., into the control of the	n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	(If In Baltimore	SES OF DEATH? City, give exact location)
EDICAL	OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify	OPERATION 198 CONDITION WAS PERFORME! IT WAS UNDERLYING 1 THING CAUSE OF medical examiner) (Month) (Doy) (Year) (House that (I have been been been been been been been be	21B. PLACE OF INJURY (e.g., into home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While At Not While At Work Indeed the deceased from	n ar obout 21 C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJ	(If In Baltimore	SES OF DEATH? S City, give exact location) F-C5. 10. 19.68.
EDICAL	OR CONTRIBU DEATH (natify 21 D. TIME OF INJURY (APPROX.) 22. I certify that (we)	OPERATION 198 CONDITION WAS PERFORME! IT WAS UNDERLYING 1 TING CAUSE OF medical examiner) (Month) (Doy) (Year) (House that (I this hospital) attention to the last saw the deceased alive	21B. PLACE OF INJURY (e.g., into me, lorm, foctory, street, of etc.) 21E. INJURY OCCURRED While At Not While At Work Anded the deceosed from	n or obout 21C. WHERE DID fifice bidg., INJURY OCCUR? 21F. HOW DID INJ	(If In Baltimore	SES OF DEATH? S City, give exact location) F-C5. 10. 19.68.
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B.H.B.



BALTIMORE CITY HEALTH DEPARTMENT

NO

If Under 24 Hrs.

APPROXIMATE INTERVAL

Md.

ADDRESS

D. INSIDE CITY LIMITS?

ADDRESS

BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (nxy) (aur) opinion death occurred on the date 238, DATE SIGNED 09 68 WILKENS & (City, town, or county) (Stote)

IMPORTANT

DIRECTOR:

FUNERAL

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7-636 68- 1657 BALTIMORE CITY HEALTH DEPARTMENT

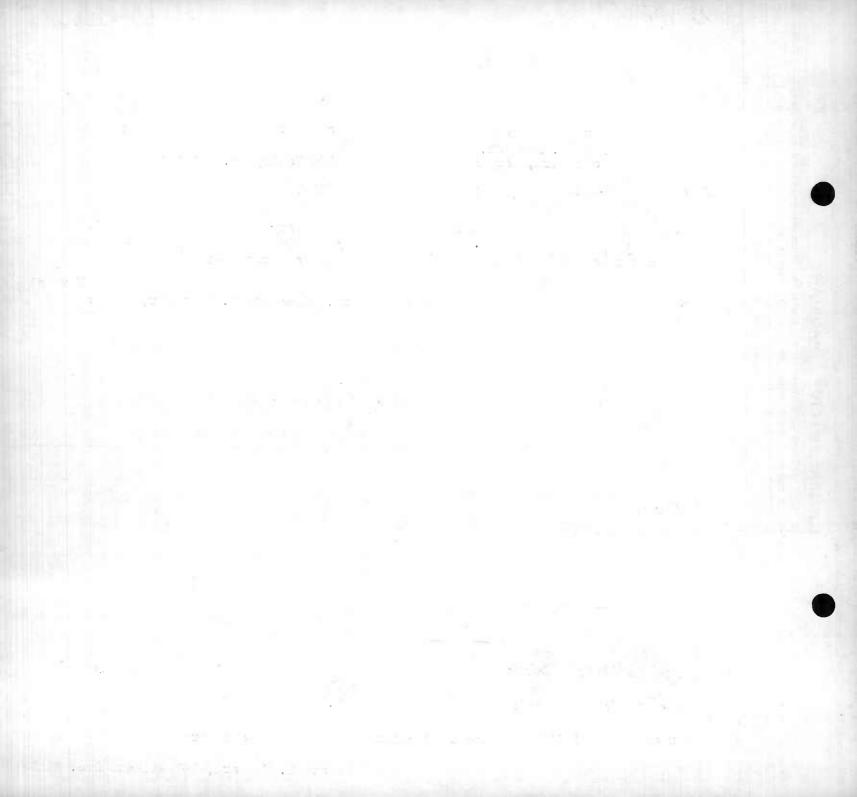
	MEDICAL	EXAMINER'S	CERTIFIC	ATE OF	DEATH	DEC NO	00.	_ Tpp	1
BIRTH NO.						REG. NO			
1. NAME OF DECEASED (Type or Print)	(also Lou	ise)	2. DATE OF	Known 🔀	Month	Doy	Yeor	Hour	
(rype or rinn)	LULU	FREDERICKS	DEATH	Estimoted	2	7	1968	5:50 h	М.
4. PLACE IN BALTIMORE, A			3. DATE	ICED DEAD	Month	Doy	Yeor	Hour	
FULL NAME OF (IF N HOSPITAL ADD OR INSTITUTION	OT IN HOSPITAL OR INSTIT RESS OR LOCATION)	TUTION, GIVE STREET		ICED DEAD	2 e deceosed live	7 d. If institutio	1968	5:50 E	M.
99ST. AGNES	HOSPITAL - (DOA)	A. STATE M	aryland	В.	COMNIA	imore	28-6	24
6. SEX 7. RACE	B. MARRIE	D NEVER MARRIED	C. CITY OR T	OWN). INSIDE C	ITY LIMITS?	-	4
Female Wh:	ite WIDOWE	DIVORCED	Balt	imore		1	ES X	NO 🗌	
9. DATE OF BIRTH 2/11/81	10. AGE (In years lost birthday)	Under 1 Yr. If Under 24 Hrs. Months: Doys: Hours: Min.	E. STREET AN	D NUMBER Frederi	ck Aven	116			
11. BIRTHPLACE (State or lore		2. CITIZEN OF	13. FATHER'S		.ck nvcn	uc			
Maryland		WHAT COUNTRY?		erick Kr					
14A.USUAL OCCUPATION (Gdone during most of working life,	even if retired)								
Housewife 16. WAS DECEASED EVER II		letired	18. INFORMA	ouise Jo)[]		ADDRESS		
(Yes, no or unknown) (If yes, give	wor or dotes of service)	SECURITY NO.						2122	
No		217-18-1511		uth K. F	rederic	ks, 55	28 Fre	derick I	ld.
12/12,91		CAUSE OF DEA	in					EEN ONSET AND	
DISEASE OR CON	DITION DIRECTLY								
LEADING	TO DEATH	(A)IMMEDIATE	CAUSE Art	erioscle	rotic c	ardiov	ascula	r	
	e mode of dying, e.g.,	DUE TO, OR	AS A CONSCOUR	NCE OF:	i, da, Say, Bai, ali Sar Sar	CLLULL Y	SAN SAN J. SA.		
injury or complication w	etc. It meons the diseose, hich coused deoth.)		dis	ease					
ANTECEDEN		(B)	AS A CONSEQU						
	TIONS, IF ANY, GIVING CAUSE (A) STATING THE	DUE 10, OK	AS A CONSEQU	JENCE OF:					
UNDERLYING COND		(c)	11.						
0 4 5 5 7	Ш								
OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTI								
DISEASE OR CONDITIO	DT RELATED TO THE TERMIN N GIVEN IN PART 1 (A).								
		OR WHICH OPERATION W	AS PERFORME)			21. AUTO	PSY? (Yes or N	0)
Ö								No	
ZZA. EXTERNAL CAUS	F WAS 12	2B. PLACE OF INJURY (e.g.,	in or obout 220	. WHERE DID	(If in Boltimore	City, give ex	coct locotion)	NO	
22A. EXTERNAL CAUS UNDERLYING OR CO UTING CAUSE OF D	NTRIB-	ome, farm, factory, street, offic	e bldg., etc.) IN.	URY OCCUR?					
≥ 22D. TIME (Month)	(Day) (Yeor) (Hour)	22E.INJURY OCCURRED	221	HOW DID IN	JURY OCCU	?			
OF INJURY (APPROX.)			WHILE						
23.		n. WORK AT V	VORK						-
I certify that I	held on Inquiry	Inspection XX Au	itopsy 🗌	ond that on t	his bosis, d	eoth in my	opinion		
enculted from:		Accident Suici		icide 🗆	Undetermin	d monner			
resorred from:	000000000000000000000000000000000000000	Account 1		HEF MEDICAL					
ACTUAL /	1/2 ()	1		ANT MEDICAL		<u> </u>		DATE SIGNED)
SIGNATURE	Man	M.E),			<u> </u>		0 0 60	
EXAMINER'S	CHARTES S ST	D TNOATES N. D.	ASSOC	IATE MEDICAL	EXAMINER L			2-8-68	
NAME (Type) 24A. BURIAL CREMATION,	CHARLES S. SE	PRINGATE, M.D.	OF CREATOR	v [240	LOCATION	(Cir. I-	vn, or county	15101-1	
REMOVAL (Specify)	Z40. DATE	240. NAME OF CEMETERY	OF CREMATOR	240.	LOCATION	(City, Tov	rn, or county) (Stote)	
Burial	2/10/68	Loudon Park			Baltin		15 2	Md	•
25A. DATE REC'D BY HEALT	1 DEPT. 258. NA	ME OF REGISTRAR		NERAL DIRECT			ADDRESS		
			How	ard H. H	ubbard,	4107	Wilken	s Ave. 2	122

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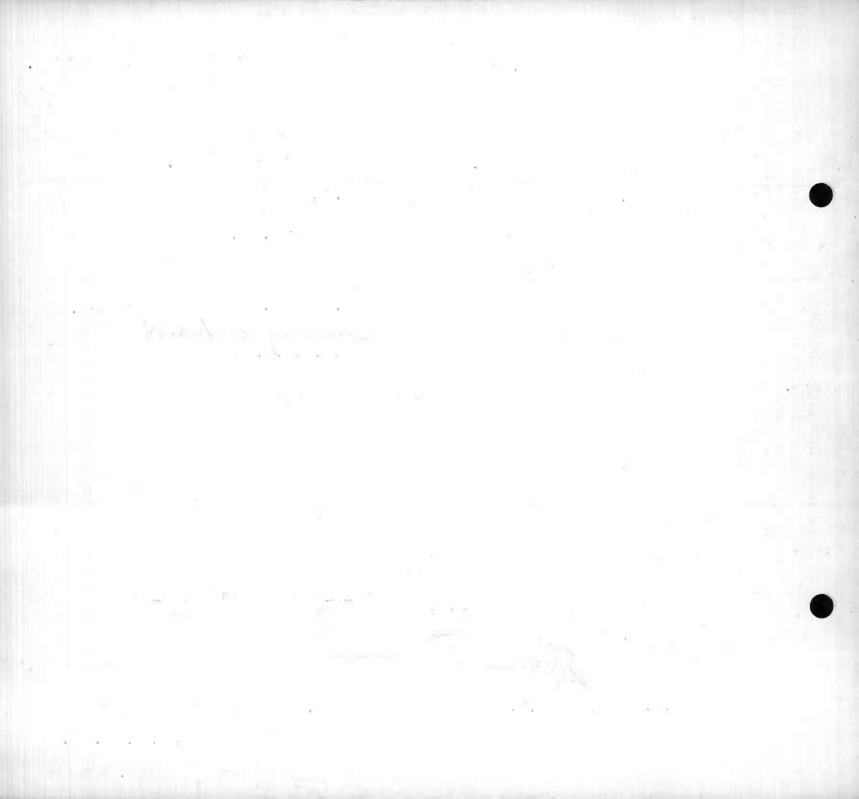
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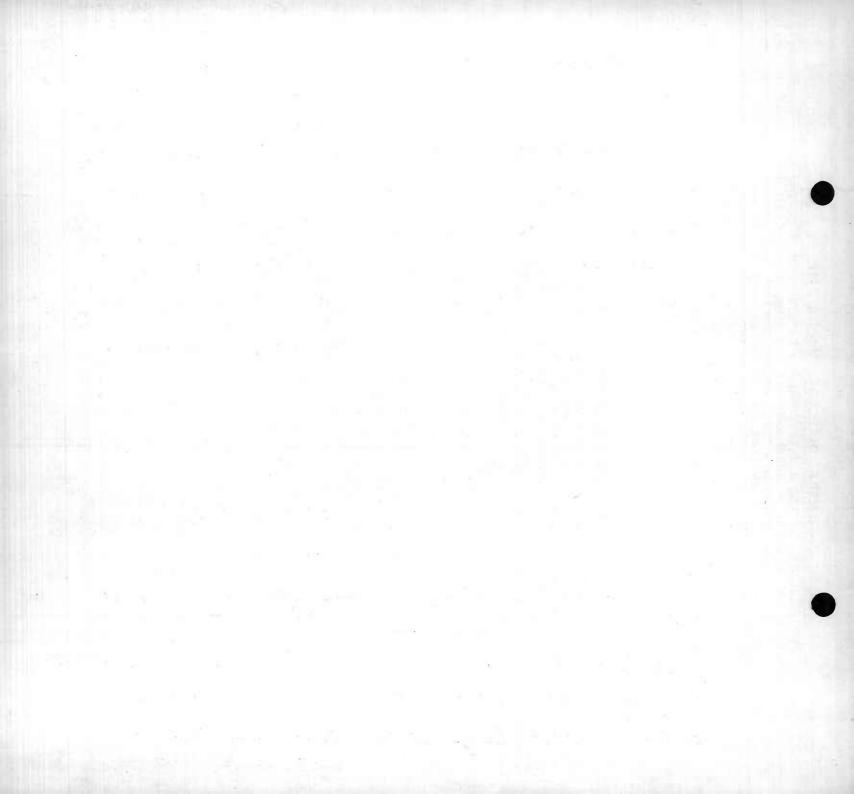
0 000			HEALTH DEPARTMENT		00 4000
00	1668	CERTIFICA	TE OF DEATH	REG. NO	68- 1668
NAME OF DECEASED		O_KTII.TO/		AND HOUR OF DEAT	н —
Type or Print) Theres a	R	iskach	2	-7-6P	905 F
PLACE IN BALTIMORE MARYLAND, WH	ERE PRONOL		4. USUAL RESIDENCE (V	here deceased lived. If	institution: residence before admis
			Md.	UNTY	10
ULL NAME OF (IF NOT IN HOSPITAL OSPITAL OR ADDRESS OR LOCATI	L OR INSTITUTION)	JTION, GIVE STREET	C. CITY OR TOWN	LA1 CL	TOPE CONTRACTO
NSTITUTION				D. IN	YES X NO
9 Mercy Hosp			Baltimore E. STREET AND NUMBER		TES _ NO _ F
301 St. Pa					12
Baltimore,			1200 Valle	Q AGE (In years	If Under 1 Yr., If Under 24
771.34.		NEVER MARRIED	10/12/76	lost birthday	Months Doys Haurs Mi
DA. USUAL OCCUPATION (Give kind of work 1)	WIDOWED			oreign country)	12. CITIZEN OF WHAT COU
one during mast af warking life, even if retired)			it. bikirira Ca (Sidie di	oraigir country/	
Housewife	Re	tired	Hungary		USA
FATHER'S NAME			14. MOTHER'S MAIDEN	IAME	
Peter Rabell			Anna Bur	meister	
. Was Deceased Ever in U. S. Armed Force	es?	1 6. SOCIAL	17. INFORMANT		ADDRE Pernda
es, na arunknawn) (If yes, give war ar dates	of service)	SECURITY NO.	Mra Elizabe	th C Sahaaf	
No		None	ris. Elizabe	ch o. bender	fer, 401 Oakleigh
18. 483 X I		CAUSE OF DEATI			BETWEEN ONSET AND D
DISEASE OR CONDITION DIRE	CTLY	Acus	te Pulmon	acust Fall	ma?
(This does not mean the made of d	dying, e.g.,	(A) IMMEDIATE CAU	SE VULLIVION	ury Luc	
heart failure, asthenio, etc. It means It injury as camplication which caused d	he disease,	00E 10, 0R A3	CONSEQUENCE OF.		2
ANTECEDENT CAUSES	Jeum./	Acc. to	Mylacan	1/2/ To Ca	4,
		(B) / (CU/C	Myocava	102 119-4	VCFCGR
DISEASES OR CONDITIONS, if an rise to the above cause (A) s		•			
		13/1 0/2		2 MM POM I D	
UNDERLYING CONDITION last,		(c)	icho pneu		<u> </u>
UNDERLYING CONDITION last,		(c)/	cinofineo		
UNDERLYING CONDITION last,		(c)	cinopheo		
UNDERLYING CONDITION last, 49 II O THER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION GIVEN IN PART	E TERMINAL 1 (A).	(0)			
UNDERLYING CONDITION last, 4914 II OTHER SIGNIFICANT CONDITIONS CONTROL OF CONDITION GIVEN IN PART	E TERMINAL 1 (A). ITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or		
UNDERLYING CONDITION last, 4 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	E TERMINAL 1 (A). HITION FOR VORMED	WHICH OPERATION	20A. AUTOPSY? (Yes of	No. 208. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
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UNDERLYING CONDITION last, 1	E TERMINAL 1 (A). 21B. hom etc.) (Hour) 21E. Whi Wai attended the dive an et dobave. (1	WHICH OPERATION PLACE OF INJURY (e.g., in e., form, factory, street, of injury occurred by the factory). INJURY OCCURRED At Work he deceosed fram	20A. AUTOPSY? (Yes or Ve S n or about 21C. WHERE DID fice bldg., INJURY OCCUR 21F. HOW DID 2 - 7 19	Na) 208, IF YES, WER IN CERTIFYING CO. (If In Bollim INJURY OCCUR? that in (my) (our) on the Shoff	E FINDINGS CONSIDERED AUSES OF DEATH? YES Ore City, give exact lacotion) 2 - 7 196 pinlon deoth occurred on the 238, DATE SIGNED 2 - 8 - 6 + Baltimor
UNDERLYING CONDITION last, 4	E TERMINAL 1 (A). 1 (A). Without FOR V DRMED 218, hom etc.) (Hour) 21E, Whith War attended the dive an action of the color of th	WHICH OPERATION PLACE OF INJURY (e.g., i e, form, factory, street, of INJURY OCCURRED INJURY OCCURRED At Work he deceosed fram (We) (did) (did not) v Attended to the control of the	20A. AUTOPSY? (Yes of Ve S of	No) 208, IF YES, WER IN CERTIFYING CO. (If In Bollim INJURY OCCUR? that in (my) (our) on the control of the	E FINDINGS CONSIDERED AUSES OF DEATH? PS Ore City, give exact lacotion) 2 - 7 196 pinlon deoth occurred on the
UNDERLYING CONDITION last, 4	E TERMINAL 1 (A). 1 (A). Without FOR V DRMED 218, hometc.) (Hour) 21E, Whith War attended the diverse of the control of	WHICH OPERATION PLACE OF INJURY (e.g., in e., form, factory, street, of INJURY OCCURRED INJURY OCCURRED At Work the deceosed fram O DEGREE Attention of CEMETERY of CRE Stern Cemetery	20A. AUTOPSY? (Yes of Ve 5 n or about 21C. WHERE DIE fice bidg., INJURY OCCUR 21F. HOW DID 2 - 7 19	No) 208. IF YES, WER IN CERTIFYING CO. (If In Bollim INJURY OCCUR? that in (my) (our) on the Shaff Phys. Location Baltimore	E FINDINGS CONSIDERED AUSES OF DEATH? PS Ore City, give exact lacotian) 2 - 7 196 pinlon deoth occurred on the 238, DATE SIGNED 2 - P - 6 + City, town, or county! (Sto
UNDERLYING CONDITION last, 4	E TERMINAL 1 (A). 1 (A). Without FOR V DRMED 218, hometc.) (Hour) 21E, Whith War attended the diverse of the control of	WHICH OPERATION PLACE OF INJURY (e.g., i e, form, factory, street, of INJURY OCCURRED INJURY OCCURRED At Work he deceosed fram (We) (did) (did not) v Attended to the control of the	20A. AUTOPSY? (Yes of Ve S of	No) 208, IF YES, WER IN CERTIFYING CO. (If In Bollim INJURY OCCUR? 196 to that in (my) (our) on the Shaff Phys. LOCATION Baltimore	E FINDINGS CONSIDERED AUSES OF DEATH? YES Ore City, give exact lacotion) 2 - 7 196 pinlon deoth occurred on the 238, DATE SIGNED 2 - 8 - 6 + Baltimor



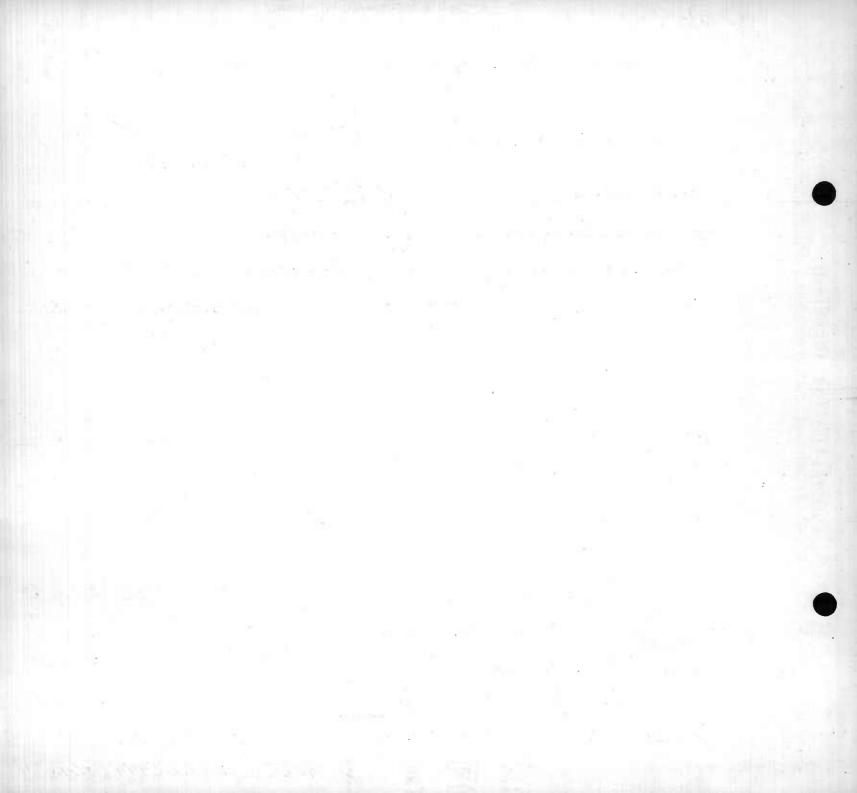
FUNERAL DIRECTOR: IMPORTANT

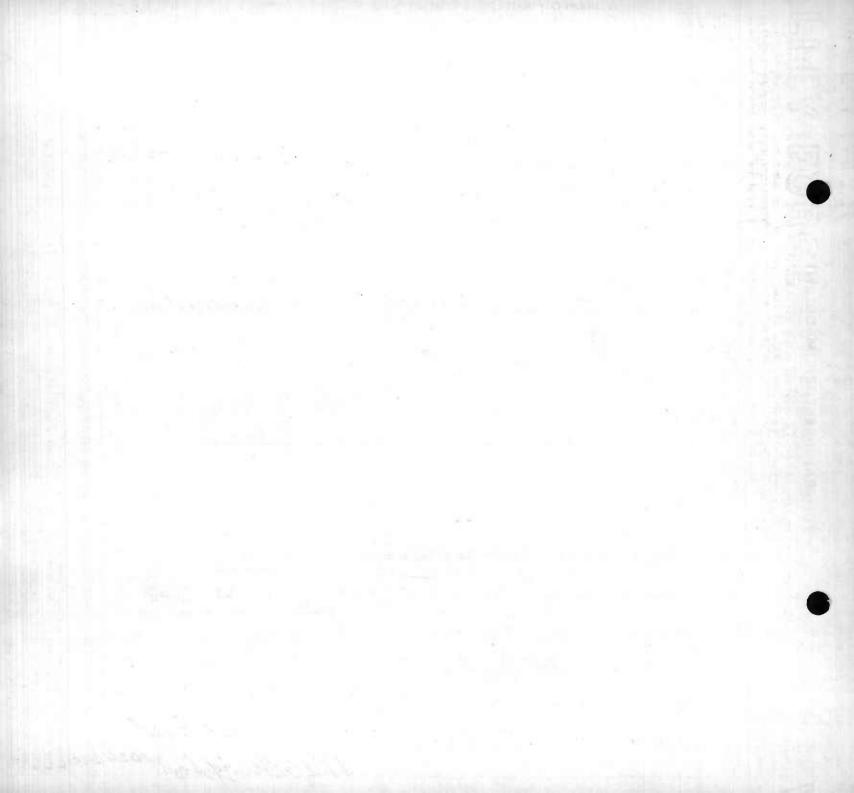
w/l	11-01	2/)			BALTIMORE CI	TY HEALT	H DEPARTMENT		CO	1,000
18	1-40	68	-	369	CERTIFIC	ATE C	DE DEATH	REG. NO.	00	- 1669
	H NO.		-5-8	300	CERTITIO	AIL C				
	ME OF DEC	Bertha	N.	Mil	es		2. DATE	2/10/68	IН	11:15 a. M.
3. PL	ACE IN BAL	TIMORE MARYLAND,				4. USU A. STA			institution:	residence before admission)
FULL	L NAME OF	(IF NOT IN HOSPI	TAL OR IN	STITUT	ION, GIVE STREET	Maryland 2				
INSTITUTION						C. CITY	OR TOWN		VSIDE CITY L	
1							Baltimo		YES X	NO 📗
1	50	2210 21				E. STRI	ET AND NUMBER			
		1149 River						verside Ave.		
5. SE	X	6. RACE	7. MARI	RIED _	NEVER MARRIED	B. DATE	OF BIRTH	9. AGE (In years last birthday)	Months:	er 1 Yr. If Under 24 Hrs. Days Hours Min.
Fe	emale	White	WIDO	WED X	DIVORCED _	Feb.	2, 1886	82		
		UPATION (Give kind of wo		D OF B	USINESS OR INDUST	RY 11. BIRT	HPLACE (State at I	foreign country)	12. CIT	IZEN OF WHAT COUNTRY?
dane		warking life, even if retired)		. 77	24-21		7-74	35.3		77 0 4
13. F	House		A1	5 H	ome	14. MO	Balto.			USA
							THER S MAIDEN	TOME.		
		George Hoffm					Georganna	Marble		
		Ever in U. S. Armed F		ice)	6. SOCIAL SECURITY NO.	17. INFO	DRMANT		61,5	ADDRESS
	No	, , , , ,			3100MH 1101	Mr	Irvin W.	Miles 170	ol Dori	e Ave
-	R	(1)		_	CAUSE OF DEA		11 V 111 W	71100 410	71 2011	APPROXIMATE INTERVAL
	256	SE OR CONDITION D	IDECTIV			Cal	'n Nancy	ocefusa	Th	BETWEEN ONSET AND DEATH
	DISEA	LEADING TO DEATH							• '/	1961
	(This does r	not meon the mode of		e. g.,	(A) IMMEDIATE C	AUSE A	S.C.V.D	•		1701
	heort foilure,	osthenio, etc. It meon	s the dise		DOL 10, OK 2	A CONSE	QUENCE OF:			
'		nplication which couse								/-
		ANTECEDENT CAUSE	2		(B) Diabe	tes 1	Mellitus			1961
		OR CONDITIONS, if			DUE TO, OR	AS A CONS	EQUENCE OF:			
		e obove cause (A) G CONDITION lost.	stating	ine	(c)					
	2/0	11			(0/	************				
z	OTHER SIGNIE	II FICANT CONDITIONS C	ONTRIBILITI	MG						
E T	TO THE DEAT	TH BUT NOT RELATED TO	THE TERMI							
		ONDITION GIVEN IN PA		FOR WH	IICH OPERATION	20 A.	AUTOPSY? (Yes or	No. 20B. IF YES, WES	RE FINDINGS	CONSIDERED
ERTIFIC	1		RFORMED				3.7	IN CERTIFYING	CAUSES OF	DEATH?
S S	None	NT WAS UNDERLYING		21R. P	LACE OF INJURY (e.g	in ar ahou	NO WHERE DIE	(If to Baltin	mare City on	ve exact location)
1 2 9	OR CONTRIBL	JTING CAUSE OF medical examiner)		home,	form, factory, street,	office bldg	INJURY OCCUR	?	nore eny, go	re exact localidity
0					Non	e				
MEDI	DF INJURY	(Month) (Doy) (Year	(Hour)		NJURY OCCURRED		21 F. HOW DID	INJURY OCCUR?		
>	(APPROX.)			While	At Wo					
2	22 Lanatify	that (1) (this hospite	al) attand			12_4		1961 to	1-25	19.68
					1/25		68 .			
T	hat (I) (we)	last saw the deceas	sed alive	an	. pho. f. v. f 4		YOQand	that in (my) (our) c	pinian dea	oth occurred an the date
c	and have an	d fram the causes st	gted abay	/e. (I)	(We) (did) (did nat)	view the	bady after deat	th.		
2	3A. SIGNATU	JRE (-					Later U		TE SIGNED
		Dest.	yen	_	A	ttending X	Med.	Staff Phys.	Fe	bruary 10, '68
2	OR PHYSICIA	N'S ypel			OEGREE	23D. AD				
	E.S.		M.D.		DEGR	100	E. West	t Street		
24A.	BURIAL CRE	MATION, 248. DATE		C. NAA	AE al CEMETERY of C		Y 24D	LOCATION	(City, tawn,	or county) (State)
R	removal (urial	2 13 6	8	-	II on Harron		0	lan Duami a	A A	Co Nd
		BY HEALTH DEPT.			Blen Haven	lace		len Burnie,	A. A.	ADDRESS
23A.	DATE RECID	anco O D	238. NA	12	REGISTRAR	250	FUNERAL DIRECT			
I F	E 5 1 3	1200 APAN	7		7		MC	Cully	130 E.	Fort Ave
1/5 1/	50-PEV 1/1/	A M								

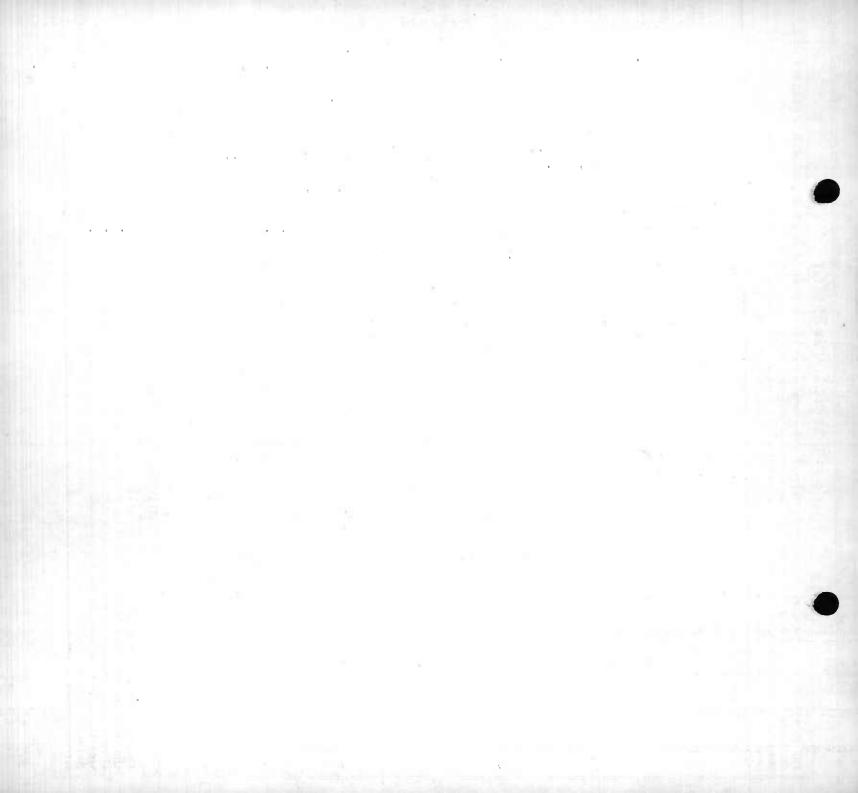




DUM)	00 8	BALTIMORE CITY	HEALTH DEPARTMENT		00 4004
11-400	68- 1	CERTIFICA	TE OF DEATH	REG. NO	68- 1671
BIRTH NO. 1. NAME OF DECEASED				ID HOUR OF DEATH	
(Type or Print) Jose	EPH PAT	RICK DAILEY	2-6-	-	6:30P, M.
3. PLACE IN BALTIMORE, A	ARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (When	re deceased lived. If ins	titution: residence before admission)
FULL NAME OF (IF N	OT IN HOSPITAL OR	NSTITUTION, GIVE STREET	Mi		
HOSPITAL OR ADD	RESS OR LOCATION	NUMBER OF THE STREET	C. CITY OR TOWN	D. INSIE	DE CITY LIMITS?
	11	101	BAITA.		YES NO NO
3304	HARFOR	d Rd.	E. STREET AND NUMBER		11-11-
00			3304 HA	RFORD IS	1. 9
SEX 6. RACE	7. MAI	RRIED NEVER MARRIED	8. DATE OF SIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
MALE Wh		WED DIVORCED	12-25-1893	lost birthdoy)	Months Doys Hours Min.
		ND OF BUSINESS OR INDUSTRY		gn country)	12. CITIZEN OF WHAT COUNTRY?
one during most of working life,		A C	BILTA		U.S.A.
3. FATHER'S NAME	CLERKUIS	GOV. SERVICE	14. MOTHER'S MAIDEN NA	AF	0,0,7.
S. FATHER S NAME	N 1		14. MOTHER'S MAIDEN NAT	1 /	
PATRICK	DAILE	E V	MARGAR	ET WE	LBV
5. Was Deceased Ever in U. res, no or unknown) (If yes, gi	S. Armed Forces?	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
VES WE		218-14-3838	MES MARCER	ET WELD	(SAME)
18.	1	CAUSE OF DEATH	TING. PINKERK	ET WELLDY	APPROXIMATE INTERVAL
4/0,9	NDITION DIRECTLY		11 × T		BETWEEN ONSET AND DEATH
	TO DEATH	Coron	ary Heart V.	Secre	5 days
(This daes not mean			CONSEQUENCE OF:		
heart failure, asthenia,					
	ENT CAUSES				
DISEASES OR CONE		(B)	A CONSEQUENCE OF:		
rise to the above		,	A CONSEQUENCE OF		
UNDERLYING CONDI	ION last.	(C)			
742011	11				
OTHER SIGNIFICANT CO					20.
DISEASE OR CONDITION	GIVEN IN PART 1 (A).		Too 4	V 404	
19A. DATE OF OPERATION	WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	INDINGS CONSIDERED
ш	ND SELVING TO	Total Bullion Committee Co	No		
OR CONTRIBUTING C	AUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	fice bldg., INJURY OCCUR?	(If in Baltimore	City, give exact location)
DEATH (notify medical e	xominer)	etc.)			
21 D. TIME (Month) OF INJURY	(Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX.)		While At Not While At Work			
22 1	11:-1 11			1068	Fol 6 68
		ded the deceased from	68	17 6	19
that (1) (we) last saw	the deceased alive	an / 20 P	19and th	at in (my) (our) o pin	Ian death accurred an the date
and haur and fram the	causes stated abo	ve. (1) (We) (did) (dtd not) v	iew the bady after death.		
23A. SIGNATURE	7 -	1110			23B. DATE SIGNED
Tou 11/5	Lummen	DL.	Med. Director	Staff Phys.	2/7/68
230 PHYSICIAN'S	1. 1	DEGREE	3D. ADDRESS //	0	
A //	MZ	mm en man M	D 3202 Ham	Gud Rd B	1/1mm MI
4A. BURIAL CREMATION	DAR DATE IN	AC NAME OF CEMETERY OF	1/01/	OCATION (Cit	difference just
REMOVAL (Specify)	0 15 10	4C. NAME of CEMETERY or CHE		OCATION (City	y, town, or county) (Stote)
BURIAL	2-10-68	NEWCATHEDRA		BALTO.	Md
25A. DATE REC'D BY HEALT					/ ' 7
CED 1 1000	H DEPT. 258. N	AME OF REGISTRAR	25C FUNERAL DIRECTOR		ADDRESS
FEB 1 3 1968	PLES E		25G FUNERAL DIRECTOR		5444 BELAIR Rd







Such

TION	CO ACTA	BALTIMORE CITY	HEALTH DEPARTMENT		68- 167A	
BIRTH NO.	68- 1674	CERTIFICA	TE OF DEATH	REG. NO	00 T017	
1. NAME OF DECEASED (Type or Print) Man 9	ret Tr	acey	2. DATE AN	6. 9 19	768 6:3	AM
3. PLACE IN BALTIMORE, MARYLA	ND, WHERE PRONOUNC	ED DEAD	4. USUAL RESIDENCE (Whe		institution; residence befor	e admission)
FULL NAME OF HOSPITAL OR ADDRESS O	HOSPITAL OR INSTITUTIO R LOCATION)	N, GIVE STREET	C.CITY OR TOWN J Baltimol	a Nd	SIDE CITY LIMITS? NO	4
South Baltim	OFE GENE	ral Hos	e. STREET AND NUMBER	Nd. S	treet.	
5. SEX 6. RACE White	WIDOWED WIDOWED	DIVORCED	8-15-1901	9. AGE (In years last birthday)	If Under 1 Yr. If U Months Days Haurs	nder 24 Hrs.
10A, USUAL OCCUPATION (Give kind done during most of working lite, even if	relired) 1 /	wife	11. BIRTHPLACE (State or fore	PULLNO	12. CITIZEN OF WHA	T COUNTRY?
13. FATHER'S NAME	11		4. MOTHER'S MAIDEN NA	ME		
IS. Was Deceased Ever in U. S. Ar	TansEL	COCIAL	Wilhem 17. INFORMANT	iNa G	-urliNE	pro .
Yes, na ar unknawn) (If yes, give wor	or dates of service)	SECURITY NO.			ADDRESS	
No Is.		CAUSE OF DEATH	Mr. William L	. Tracey 3	436 2nd Stree	
(This does not meon the ment foilure, osthenio, etc. It injury or complication which ANTECEDENT CONSERSES OR CONDITION rise to the above cause UNDERLYING CONDITION I	meons the diseose, caused deoth.) AUSES 5, if any, giving to the cause of the cau	(B) Gang	consequence of: Lene of a a consequence of: Letic ner	et for	et ly	
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN	D TO THE TERMINAL IN PART 1 (A).	arten	sul hear	t fail	n diseas	٠
19A. DATE OF OPERATION 19	B. CONDITION FOR WHIC AS PERFORMED	CH OPERATION	20A. AUTOPSY? (Yes or N	O) 208. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?	,
21 A. ACCIDENT WAS UNDERLOR CONTRIBUTING CAUSE DEATH (notify medical examine)	OF hame, fo	CE OF INJURY (e.g., in orm, factory, street, aff	or about 21 C. WHERE DID ce bidg., INJURY OCCUR?	(If In Baltim	ore City, give exact locatio	n)
21 D. TIME (Month) (Doy) OF INJURY (APPROX.)	(Year) (Haurl 21 E. INJ While A Work	Nat While	21F. HOW DID IN	JURY OCCUR?	2 0 0	
22. I certify that (L) othis he that (I) (we) last saw the d	eceased alive an	greb &			pinion death occurred	on the dote
and hour and from the caus	es stated above. (1) (W	(e) (did) (did nat) vi	ew the bady after death.		23B, DATE SIGNED	
Sang y	on Rhi	OEGREE Phys		Shaff Phys	Frel . 8	68
23C. PHYSICIAN'S V NAME (Type) Sans	You RI	HIM OFGREE	South Ball	imore !	Jeneral He	epitet
24A. BURIAL CREMATION, 24B. PREMOVAL (Specify) Burial 2/	and the second	r Hill Cemet		Anne Arunde	City, town, or county) 1 Co. Md.	(State)
FEB 13 1958	T. 25B. NAME OF R	EGISTRAR	M. Culles F		Address atapsco Ave.	

VS 150-REV. 1/1/68

237 Patapsco Ave. 21225

and the accommodate to a fin-1/650110 American Marin

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APC	f on nce
≥	Als re o nou ott
FUNERAL DIRECTOR: IMPORTANT	approved by the chief medical examiner or his ossistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased al (except where the physician who pronounced death was in regular attendance on the h); and (6) No physician was in regular attendance on the be obtained before the remains ore embolmed or final disposition is made.
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REC	exe (3) / in w
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AL	bur bur hys
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5	by by (2) Bo (2) Bo (4) by (5)
_	tal tal her Lo
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	be ded to the sito ath
	This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing couse of deoth shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined couse; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced deoth was in regular attendance on the deceased prior to death); and (6) No physician was in regular ottendance on the deceased prior to death. Such written approval must be obtained before the remains are embolmed or final disposition is made.
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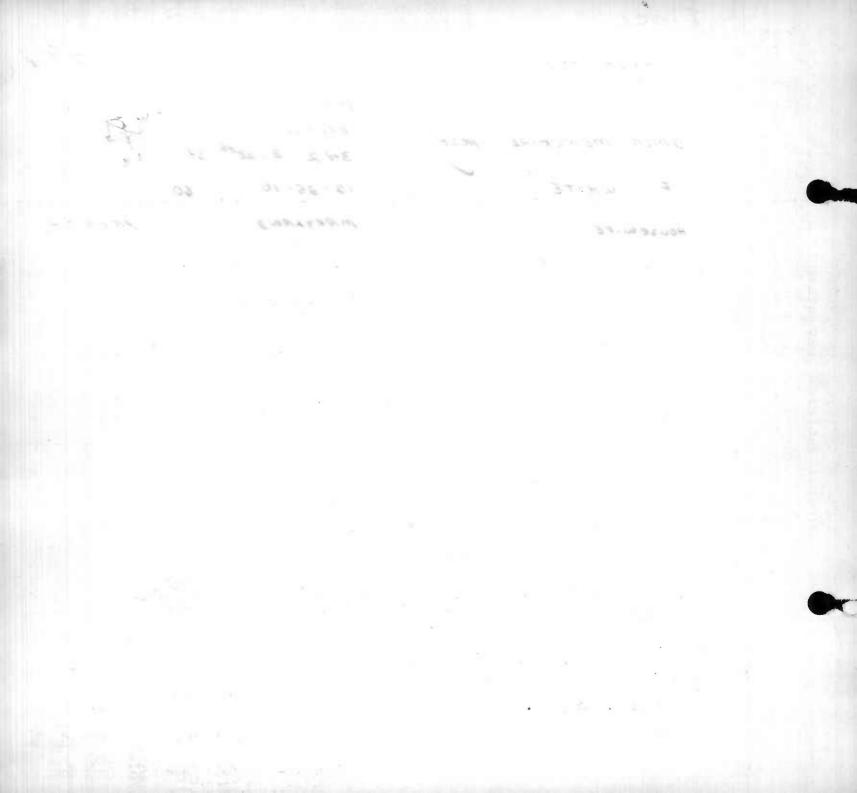
1	per phy	00		BALTIMORE CITY	HEALTH DEPARTMENT	- /	
IDTIL	5	9 65	16/	CERTIFICA	TE OF DEATH	REG NO	6659 1675
RTH N	E OF DECE	ASED			DATE	AND HOUR OF DEAT	
	r Print)					1	
	Ge	orge Townser	nd			-683:20	
. PLA	CE IN BALTI	MORE MARYLAND, W	HERE PRONC	DUNCED DEAD	4. USUAL RESIDENCE (W A. STATE B. COL		institution: residence before odmission
	NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTI	TUTION, GIVE STREET	Maryland c. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
					Balto. E. STREET AND NUMBER),	YES NO NO
Bolt	ton Hil	Ll Nursing an	nd Conv	alescent Cente	416 Hop	kins Road	
. SEX	(6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE In years	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
Mal	le	White	WIDOWED	DIVORCED _	12-21-77	90	
		PATION (Give kind of world	108. KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTR
one dur	ring most of w	orking life, even if retired)					
St	eelwor	ker Spa	rrows 1	Point	Maryland		USA
3. FAT	HER'S NAM	IE .			14. MOTHER'S MAIDEN N	AME	
	(1)	7.7	3		7/	Cambal	
		es W. Townser			Manise Mc	Cardel	
5. Wos	Deceosed I	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
		(If yes, give wor or dote	s or service)	SECURITY NO.	T.T. 17 M	1 01:00 0 =	
n	10	1		213 07 0158A	Wm. H. Townser	nd 3438 Bel	air Kd.
18.	412	4 1		CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
rise	e to the	R CONDITIONS, if above cause (A) CONDITION last.			L rentit or	furen	Jus .
E TO	THE DEATH	CANT CONDITIONS CO BUT NOT RELATED TO T ONDITION GIVEN IN PAR	HE TERMINAL				
		OPERATION 198. CON WAS PER	IDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 208, IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
U 21 A	CONTRIBUT	T WAS UNDERLYING TING CAUSE OF	21 ho et	me, form, foctory, street, of	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltim	ore City, give exact location)
210	O. TIME	(Month) (Doy) (Year)	(Hour) 21	E. INJURY OCCURRED	21 F. HOW DID I	NJURY OCCUR?	
₩ OF	INJURY			hile At Not While			
(AP	PPROX.)			ork At Work	e		
00		1 . (1) (1 . 1	1)		1100	10 67	7-1068
22.	I certity t	that (1) (this hospita	i) offended	the deceased from	5-1-4	19 67 to	2/8 1908
the	it (1) (we) 1	lost saw the decease	ed alive on	2/9	19 68 and	that in (my) (our) o	pinian deoth occurred an the do
				-/			
			rea obave.	(i) (me) (did) (did not) v	iew the body ofter deot	1•	
23A	SIGNATUR	(t					238, DATE SIGNED
		70	MAI	The Dhy	mding Med. Director	Staff Phys.	2/0/60
22.5	PHYSICIAN	y'c	1.10	DEGKEE	23D. ADDRESS	rnys. —	1 8 1 08
23 C	NAME (Ty	pe)	u ma	ACHT MY	ADDRESS A	. 1 Cet 6	2 pt ms
4A. BI	JRIAL CREN	AATION, 24B. DATE	24C.1	DEGREE	MATORY 24D	LOCATION	City, towar or county) (Stote)
RE	EMOVAL (Sp	2/12/68					
	rial	BY HEALTH DEPT.		orraine Park	25C. FUNERAL DIRECT	Baltimore,	Maryland ADDRESS
	FEB 1	3 1968 (7.2.	7.86	An Thereoff		edefeld Hom	
	-REV. 1/1/6	8				Balto. M	

Wm. H. Townsend 3438 Belair Rd.

Compared to Com

1-000 GR		Y HEALTH DEPARTMENT	REG. NO.	68- 167
BIRTH NO.	1676 CERTIFICA		III. III. ELTERITE	
(Type or Pont) HILDA FAHEY			5 68 DEATH	7 19
3. PLACE IN BALTIMORE, MARYLAND, WH	ERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived. If ins	tilution; residence before
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCATI	OR INSTITUTION, GIVE STREET ON)	C. CITY OR TOWN		DE CITY (IMITS?
JUMON MEMORIA	12 HOSP.	BALTO, E. STREET AND NUMBER 342 E. &	agith st.	YES NO
5. SEX 6. RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	19. AGE (In years < 7)	If Under 1 Yr. , If Und
_	WIDOWED DIVORCED	12-25-10	last birthday 60	Manths Days Hours
dane during most of working life, even if retired)	8. KIND OF BUSINESS OR INDUSTRY		eign cauntry)	12. CITIZEN OF WHAT
HOUSEWIFE		MARYLAND		AMERICA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
UNK Charles W.			rgaret M. Fri	
15. Was Deceased Ever in U. S. Armed Farce (Yes, no ar unknown) (If yes, give wor or dates	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no		VERNEN FAREY	(SON) 419C	AKUEL BEACH
DISEASES OR CONDITIONS, if on rise to the above couse (A) s UNDERLYING CONDITION lost.	loling lhe (C)	eurism of s a consequence of:		A
O THE SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	TERMINAL I (A).	20A. AUTOPSY? (Yes or N	(a) 208, IF YES, WERF F	INDINGS CONSIDERED
198. CONDI WAS PERFO	RMED	Yes	IN CERTIFYING CAU	INDINGS CONSIDERED ISES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	21B. PLACE OF INJURY (e.g., home, farm, foctory, street, etc.)	in ar about 21C, WHERE DID office bldg., INJURY OCCUR?	(If in Baltimore	City, give exact location)
OF INJURY		21F. HOW DID IN	JURY OCCUR?	
(APPROX)	While At Nat Whi Wark At Wark			
22. I certify that (I) (this haspita))	- 1 2	1 - 11-	19 68 to 7	El 5, 1
that (I) we)lost sow the deceased			hot in (my) (our) opla	ilon deoth accurred o
and hour and from the couses stated	d above. (I) (We) (did) (did not)	view the body ofter deoth.	, , , , , , , , , , , , , , , , , , , ,	DATE SIGNED
ames h. Care	A CL MD AH	ending Med.	Staff \	23B. DATE SIGNED
	OEGREE Ph	ys. Director 23D. ADDRESS	Phys. L	12/5/68
230 PHYSICIAN'S NAME (Type)		(luis)	Mamoi	a Horrise
James B. Carty Jr.	240 NAME of CEMETERY OF CE		LOCATION (CIT	y, town, or codary)
REMOVAL (Specify) 2/9/68	New Cathedral	T	Baltimore.	Manueland
			or top A. M. S. MILLER W. A.	
	58. NAME OF REGISTRAR	25C. FUNERAL DIRECTO		Maryland Address
FFB 1 3 1968 C.C.			R	ADDRESS

Balto., Md. 21212



Baltimore, Md. 21212

VS 150-REV. 1/1/68

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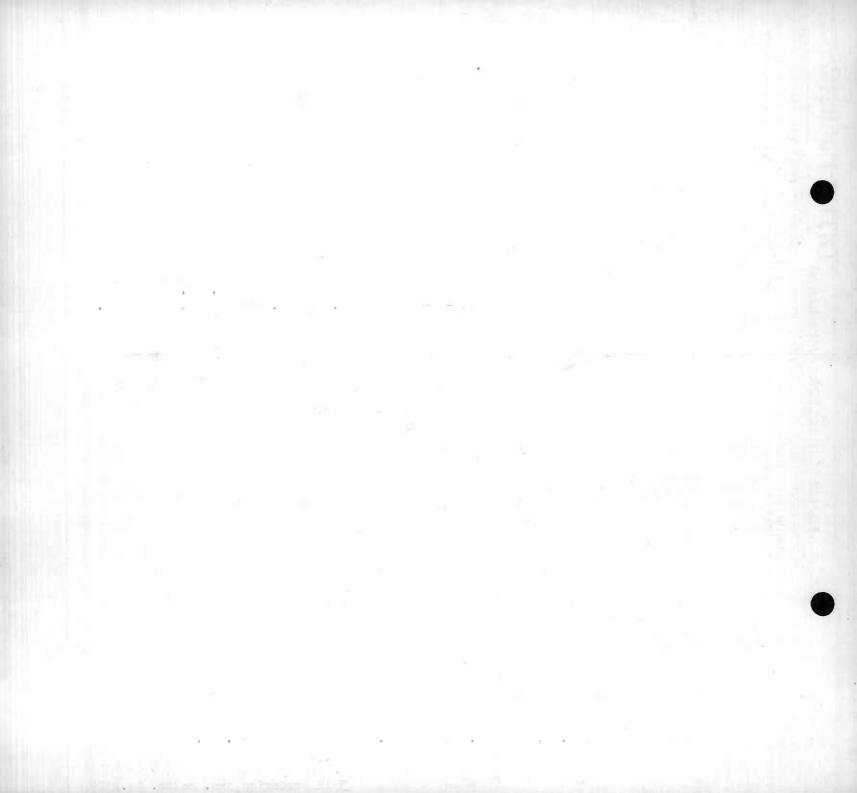
HEALTH DEPARTMENT	00	4000
CERTIFICATE OF DEATH	00-	1678

BIRTH NO. 67	-04980	MEDIC	AL E	AMINERS	CKIIII	CATEO	I DLA	REG. NO)	
1. NAME OF DEC	2. DATE OF	Known X	Month	Doy	Yeor	Hour				
(Type or Print)	CLARENCE L. HUNTER						2	8	1968	ESTATE AM
4. PLACE IN BAL	TIMORE, MAR	YLAND, WHER	RE PRONC	UNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT ADDRESS	N HOSPITAL OF	R INSTITUTION)	ON, GIVE STREET		UNCED DEAD	2	8	1968	10:00 AM before odmission)
	o Free F	'ar Noa	o £. ग्रा	nroat Hospita	A. STATE			B. COUNTY	X	imore
6. SEX	7. RACE			NEVER MARRIED	C. CITY OF	Marylan	u ,	D INSIDE	CITY LIMITS?	
Male	Negro		DOWED [Baltimo	ra C	1	YES XX	NO 🗆
9. DATE OF BIRTH 10.AGE (In years If Under 1 Yr. If Under 24 Hr					E. STREET	AND NUMBER	1.6		TE3 41.43.	NO L
3/13/67 Iost birthdoy) Months, Doys, Hours, Min.					107 A1b	emarle	Street	- Apt.	4-B	
11. BIRTHPLACE (S	*	country)	12. C	ITIZEN OF	13. FATHER		Ciliar 20	5-2-0-		, 2
Baltim	ore Md		υ ^ν	VHAT COUNTRY?	James	A Hunt	er,	Jr		
14A.USUAL OCCU	PATION (Give)	and of work 148.	KIND OF	SUSINESS OR INDUSTR	15. MOTHE	R'S MAIDEN N	IAME			
done during most of v		itretired)			Jess:	Lca L				
16. WAS DECEAS	ED EVER IN U	S. ARMED FO	RCES?	17. SOCIAL	18. INFOR	MANT		-	ADDRESS	
(Yes, no or unknown)	(If yes, give wo	r or dotes of se	ervice)	SECURITY NO.	Mr	James A	Hunter	, same		
19. 2 8 /	9			CAUSE OF DEA	TH					APPROXIMATE INTERVAL
DISEAS	E OR CONDIT	ION DIRECTLY	,						000	
	LEADING TO	DEATH		(A)IMMEDIATE	CAUSE O	titis me	dia - (SDII)		
(This does n	ot meon the m	ode of dying, t meons the dise	e.g.,		AS A CONSE	UENCE OF:				
Injury or cor	mplication which	coused deoth.)								
IA I	NTECEDENT C	AUSES		(B)						
DISEASES (OR CONDITIO	NS, IF ANY, GI	VING THE	DUE TO, OR	AS A CONSE	QUENCE OF:				
UNDERLYIN	NG CONDITIO			(c)						
2 391.3										
O TO THE DEA	NIFICANT CONT ATH BUT NOT F CONDITION O	ELATED TO THE	TERMINAL	9 mg/chinhin quaght dalahan 100 mm 100 100 100 100 100 100 100 100						
20A. DATE OF	FOPERATION	20B. CONDIT	ION FOR	WHICH OPERATION W	AS PERFOR	MED		11 15	21. AUT	OPSY? (Yes or No)
										Yes
S 22A. EXTER	NAL CAUSE V		228.1	PLACE OF INJURY (e.g., , form, foctory, street, office	in or obout	22C. WHERE DI	D (If in Boltim	ore City, give e	exoct locotion)	
	USE OF DEAT									
OF INJURY	(Month) (Do	y) (Year)	(,	ZE.INJURY OCCURRED		22F. HOW DID	INJURY OC	CUR?		
(APPROX.)					WHILE					
23.	rify that I he	ldan Ingu	iry 🗌	Inspection Au	tapsy X	and that a	n this basis	, death in m	v apinion	
	ted from: No			ccident Suici		omicide		ined monner		
	0.11	1		0.		CHIEF MEDICA				
ACTUAL		a &	1	In mat	ASS	ISTANT MEDICA				DATE SIGNED
SIGNAT			J. 4	M.I). ΔSS	OCIATE MEDICA	AL EXAMINER			2-8-68
NAME (Type) CHAI	RLES S.	SPRIN	GATE, M.D.	733					_ 0 00
24A. BURIAL CRE		B. DATE	24	C. NAME of CEMETERY	or CREMAT	ORY 24	D. LOCATIO	N (City, to	wn, or count	y) (Stote)
Burial	"7)	2/13/68		Mt Auburn	Cemetr	W.r	Baltimo	ore Md		
25A. DATE REC'D	BY HEALTH D		58. NAME	OF REGISTRAR	25C.	FUNERAL DIRE		A FILL	ADDRESS	
grid you y	n 1 0 200	10 0		V 15	100	lolphus	H-letor	ad 1206	W Mont	h Arra
	R 1 - 108	N (2)	Con Co	452. Elin P.A.	ME	Carping	HETPICE	LA LAUG	M MOT.	II WAG

the telephone a second Infant South A Bundett, Sport

Artolicia in lehend 1206 il Torth

D 1 00 11	BALTIMORE CITY	HEALTH DEPARTMENT		00 4000
K-200 68-10	CERTIFICA	TE OF DEATH	REG. NO	68- 1679
I, NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
(Type or Print) Rice Joseph	2	-8-68	9:00 A.M.	
3. PLACE IN BALTIMORE MARYLAND, WHERE PRO	4. USUAL RESIDENCE (Where	deceased lived. If ins	stitution: residence before odmission)	
STEEL IN WALLANDS WITCHES IN	NO ONCED DEAD	A. STATE B. COUNTY		
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		C. CITY OR TOWN INSIDE CITY LIMITS?		
BON Secours Hospital		E. STREET AND NUMBER		
		322 S. Payson Street		
S. SEX 6. RACE 7. MARR	ED NEVER MARRIED		AGE (In years	T 17 11 1 1 1 V. 17 11 1- 1- 04 11-
MALE WHITE WIDOW		1-19-07	st birthdoy)	Months Doys Hours Min.
IOA. USUAL OCCUPATION (Give kind of work 10 B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	1 1 -			1
Painter Co	Wad Ruce 100	Maryland	1	U. S A.
13. FATHER'S NAME	2 JANE 132	14. MOTHER'S MAIDEN NAME		
Pina Willia		1-11	ANNA	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	MINIT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of service	SECURITY NO.	Ba.	lto. Md.	
No	219-03-7563	Mrs. Emma J. Rice	e 322 S. Pa	yson St.
18. / 9.)	CAUSE OF DEAT	Η	in Post	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE AND DEATH (B) IMMEDIATE CAUSE AND DEATH (A) IMMEDIATE CAUSE AND DEATH (B) IMMEDIATE CAUSE AND DEATH (A) IMMEDIATE CAUSE AND DEATH (B) IMMEDIATE CAUSE AND DEATH (B) IMMEDIATE CAUSE AND DEATH (CONTINUED OF CONTINUED				
heart foilure, astheria, etc. It means the diser injury or complication which caused death.)	ase,	VIII TO TO	o luna	
	William	me as lans	1	2
ANTECEDENT CAUSES	(B)	7	V	
DISEASES OR CONDITIONS, il ony, giv		A.CONSEQUENCE- OF:		
rise to the obove cause (A) stating	the and	brain at	scen	
UNDERLYING CONDITION lost.	(c)			
_ /80 X II				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION				
TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	IAL			
19A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? IYes or No)	20B. IF YES, WERE F	INDINGS CONSIDERED
WAS PERFORMED		1 M	IN CERTIFYING CAL	JSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	OLD BLACE OF MILITARY	The state of the s	W 312.11	- Ch
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	fice bldg., INJURY OCCUR?	(It in Baltimore	e City, give exoct lacotion)
DEATH Inotify medical examiner	etc.)			
	21E. INJURY OCCURRED	215. HOW DID INJUR	RY OCCUR?	
S OF INJURY (A PPROX.)	While At Not While	e 🗀		
(APPROX)	Work L At Work			0.00
22. 1 certify that (1) (this hospital) attende	ed the deceased from 2	11/6 8 19	to 2/5	3/68 9:4 19
that (I) (we) last sow the deceased alive	on 2/9/64 9	/ /	in (my) (our) opli	nian deoth occurred on the dote
and hour and from the couses stated above	10/01		-	
23A. SIGNATURE				23B, DATE SIGNED
Mohamade, M.		ending Med. St	haff	
23C. PHYSICIAN'S	OEGREE Phy	s. Director Ph 23D. ADDRESS	nys. ICJ	
NAME (Type)	t .	Barre Sale	es Hospie	Fal
MONHMAN	DEGREE			
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 249	C. NAME of CEMETERY of CR	EMATORY 24D. LOC	CATION (Cit	ty, town, or county) (Stote)
Burial Feb.12,1968	Mt. Olivet Cem.		o. Md.	
25A, DATE REC'D BY HEALTH DEPT. 2SB. NA	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	1	DDRESS
FEB 13 1968 (7.0. 62.4	thinks fill	Danie	m lok	unt
VS 150-REV. 1/1/6B		3512 Frederick	Ave. Belto	M . 2 20



DIRECTOR:

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DIRECTOR:

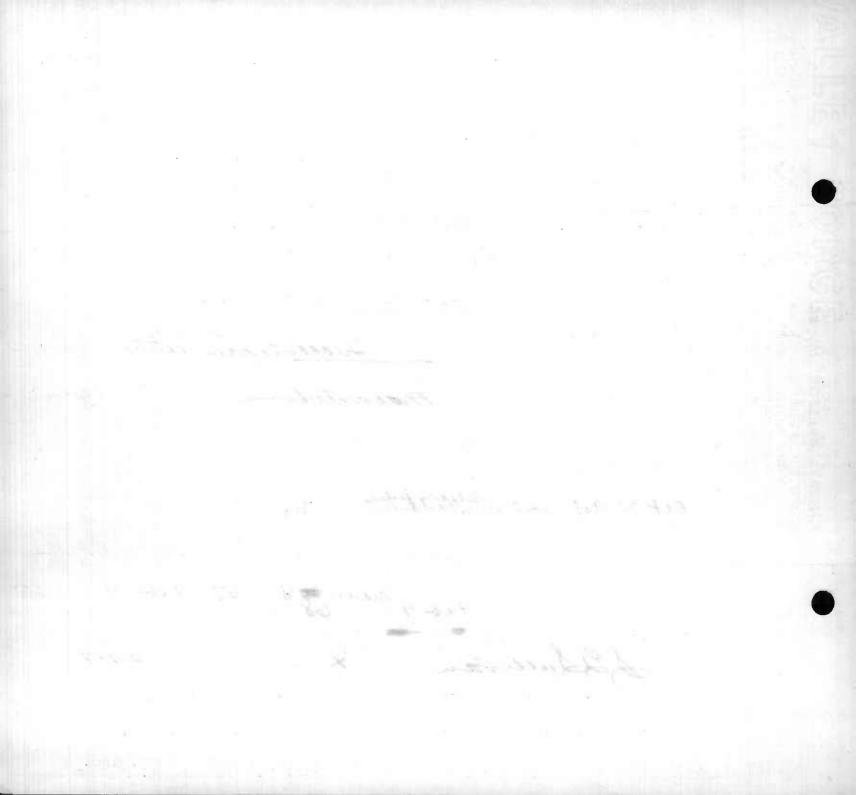
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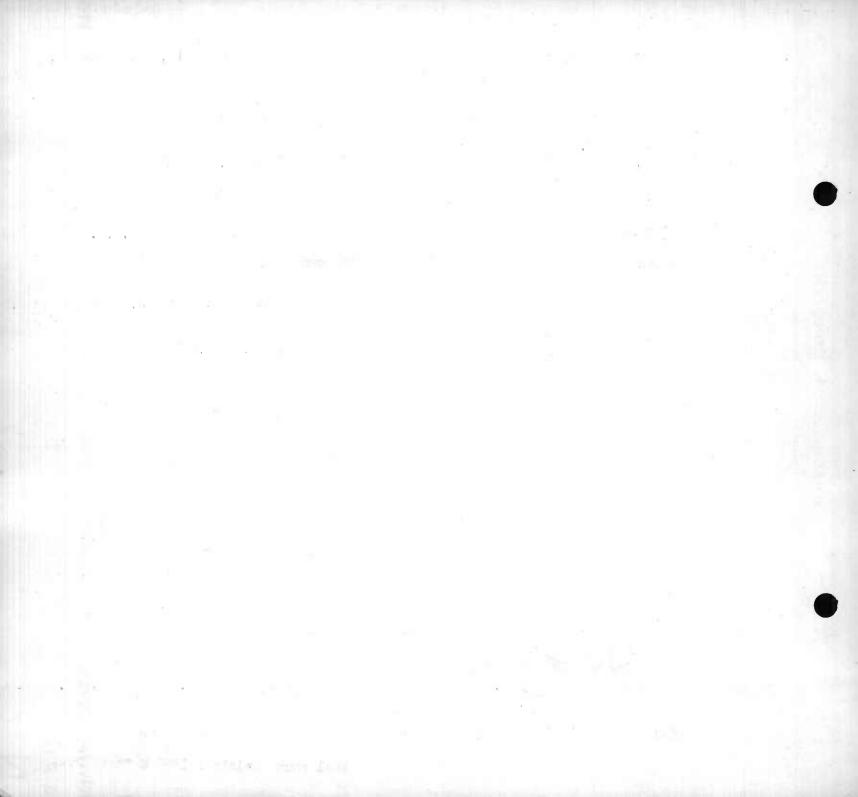
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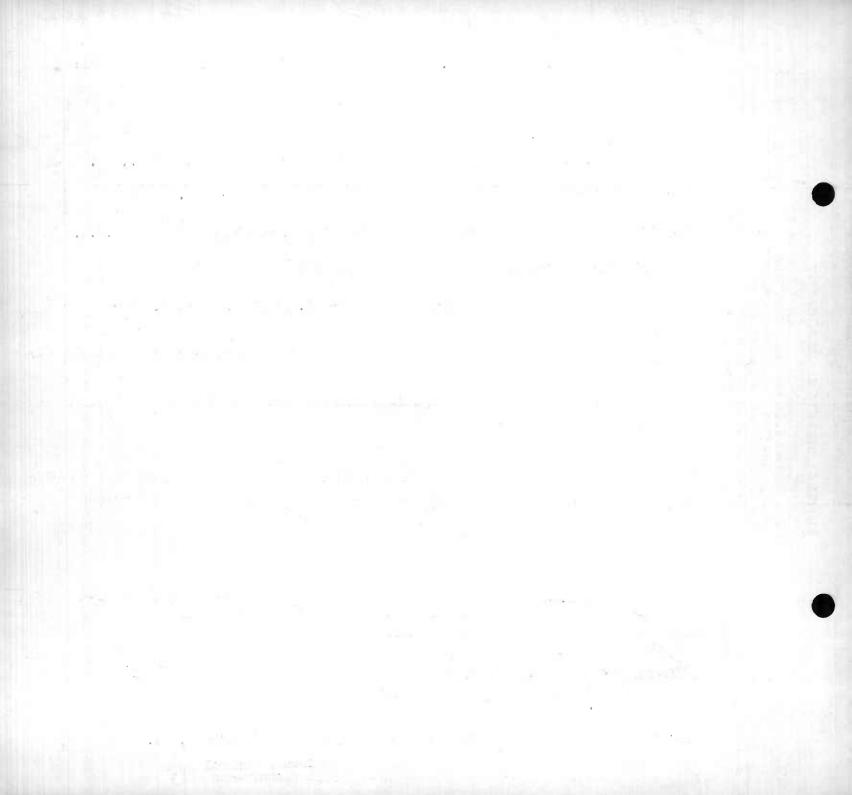
usual Residence & Thomas from Simon Holy, Med 18 2/13/68
87-13

			REG. NO	
BIRTH NO.		2. DATE	AND HOUR OF DEATH	
Type or Print) LAWRENCE P	. BALSAMO	Feb	. 9, 1968	9:40 p.
FULL NAME OF HOSPITAL OR IN ADDRESS OR LOCATION STITUTION 621 N. Luzerne	STITUTION, GIVE STREET	Md., 21 C. CITY OR TOWN Baltimore E. STREET AND NUMBER	205 D. INS	SIDE CITY LIMITS?
-00		621 N. Luz		
male white WIDOV		8. DATE OF BIRTH 9/1/07	9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 F Months: Doys Hours Min.
done during most of working life, even if retired) Drill Press OprMarti				12. CITIZEN OF WHAT COUN
3. FATHER'S NAME Liborio Balsame	0	14. MOTHER'S MAIDEN N	a Barone	
5. Was Deceased Ever in U. S. Armed Forces? Yes,na arunknown) (II yes, give wor or dates of servi	16. SOCIAL SECURITY NO. 705-12-5502	17. INFORMANT Frances Ba	alsamo, sis	ter, above
ANTECEDENT CAUSES	(a) Mal	1		and inference
DISEASES OR CONDITIONS, if any, given ise to the obove cause (A) stoling UNDERLYING CONDITION last.		A CONSEQUENCE OF:		/year
rise fo the obove cause (A) sfoling UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINATION OF THE TERM	NG	A CONSEQUENCE OF:	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
rise fo the obove cause (A) sfoling UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). UNDERLYING OF OPERATION 198. CONDITION FOR A CONDITION FOR A SPERFORMED OF CONTRIBUTING OR CONTRIBUTING CONTRIBUTION OR CONTRIBUTION OF CONTRI	NG	20A. AUTOPSY? (Yes ar	IN CERTIFYING CA	/ year
rise fo the obove cause (A) sfoling UNDERLYING CONDITION last. O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIND DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A.DATE OF OPERATION 19B. CONDITION F WAS PERFORMED. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	OR WHICH OPERATION LEAD FOR INJURY (e.g., home, form, foctory, street, o	20A, AUTOPSY? (Yes or Too In ar about 21C. WHERE DIE ffice bidg., INJURY OCCUR	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
rise fo the obove cause (A) sfoling UNDERLYING CONDITION last. 3 7 0 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION F WAS PERFORMED. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF (NJURY (APPROX.) 22. I certify that (i) (this haspital) attends that (I) (we) last sow the deceased alive and hour and fram the causes stated above	NG NAL OR WHICH OPERATION LT. B. PLACE OF INJURY (e.g., home, form, foctary, street, a etc.) 21E. INJURY OCCURRED While A1 Nat Wark ed the deceased from Manual Control on Table 1	in at about 21C. WHERE DIE ffice bldg., INJURY OCCUR 21F. HOW DID	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? are City, give exact location) 196
rise to the obove cause (A) sfoling UNDERLYING CONDITION last. O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIND DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D. TIME (Month) (Doy) (Year) (Hour) OF (NJURY (APPROX.) 22. I certify that (i) (this haspital) attends that (l) (we) last sow the deceased alive and hour and fram the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S	OR WHICH OPERATION 218. PLACE OF INJURY (e.g., hame, form, foctory, street, or etc.) 21E. INJURY OCCURRED While Al Not Whit At Work ed the deceased from Mon Table 9 e. (i) (iii) (did) (little) OEGREE Physical Amples Allivan	20 A. AUTOPSY? (Yes ar Tug in at about 21 C. WHERE DID ffice bldg, INJURY OCCUR 21 F. HOW DID le	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
rise to the obove cause (A) sfoling UNDERLYING CONDITION last. 7.0 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIND DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A.DATE OF OPERATION 198. CONDITION FOR CONTRIBUTING CAUSE OF DEATH (notify medical exomined) 21A. ACCIDENT WAS UNDERLYING OF (NJURY (APPROX.) 22. i certify that (i) (this haspital) attends that (!) (we) last sow the deceosed alive and hour and fram the couses stoted obove 23A. SIGNATURE 23C.PHYSICIAN'S NAME (Type) Dr. S. G. Su 24A. BURIAL CREMATION, REMOVAL (Specify) Burial 2/14/68	OR WHICH OPERATION OR WHICH OPERATION 218. PLACE OF INJURY (e.g., home, form, foctory, street, oetc.) 21E. INJURY OCCURRED While A1 Not White A1 Work ed the deceased from A1 work e. (i) (iii) (did) (did)	20A. AUTOPSY? (Yes ar In ar about 21C. WHERE DIE ffice bidg., INJURY OCCUR 21F. HOW DID 19 0 ond view the body ofter deat anding Med. birectar 23D. ADDRESS 1129 St. EMATORY 24D	thot in (my) (our) opinh. Staff Phys. Paul St. LOCATION (C. Baltimore,	FINDINGS CONSIDERED AUSES OF DEATH? The City, give exact location 196. 23B, DATE SIGNED 2-2-68 City, tawn, ar caunty) (State

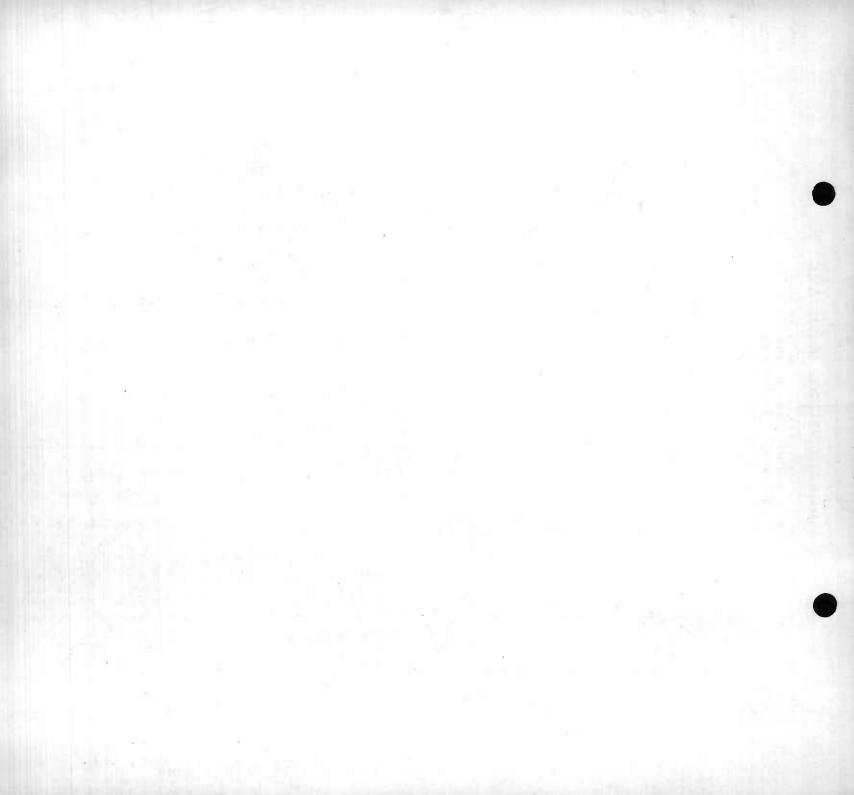




E-26	20		BALTIMORE CITY	HEALTH DEPARTMENT		68- 1685
-	6	8- 168	5 CERTIFICA	TE OF DEATH	REG. NO	1000
NAME OF DE	Property and the second		0 0-111110		AND HOUR OF DEATH	
Type or Print)		TT TOADET	יט מ			
N A CC 151 DA		, ELIZABET		4. USUAL RESIDENCE (W	uary 8, 1968	institution: residence before admission
. PLACE IN BA	LTIMORE MARYLAND	, WHERE PRONOU	INCED DEAD	A. STATE B. COL	JNTY	
ULL NAME OF	(IF NOT IN HO	SPITAL OR INSTITU	TION, GIVE STREET	Maryland		21-00
IOSPITAL OR NSTITUTION	ADDRESS OR L	OCATION)		C. CITY OR TOWN	D. INS	SIDE CITY-LIMITS?
2/0	7 7 11			Baltimore		YES X NO
1	1 Northway			E. STREET AND NUMBER		
Bal	timore, Mar	yland 21	.206	3601 Northw	ay Drive, Ba	lto. Mdl 21206
SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
emale	white	WIDOWED		2/17/91	76 yrs.	Total Titolia
			BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY
	f working life, even if retir					
nousewif		at ho	me	Baltimore, Ma	ryland	U.S.A.
FATHER'S NA	AME			14. MOTHER'S MAIDEN N	AME	
oseph X	TREBET Ch.	imanek		Anna Kalal		
			1 6. SOCIAL	17. INFORMANT		ADDRESS
s, no or unknow	d Ever in U. S. Armed	dotes of service)	SECURITY NO.			
no			none	Harry L. Fisc	her, husband	above
1B. // /	n 9 1		CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGN TO THE DEADISEASE OR 19A-DATE CONTRIE	IFICANT CONDITIONS ATH BUT NOT RELATED CONDITION GIVEN IN DE OPERATION 198. (WAS ENT WAS UNDERLYIN BUTING CAUSE OF	if ony, giving (A) stoling the CONTRIBUTING TO THE TERMINAL PART 1 (A). CONDITION FOR V PERFORMED	VHICH OPERATION PLACE OF INJURY (e.g., i e, farm, foctory, street, o)	A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or N) n or obout 21C. WHERE DID ffice bldg, INJURY OCCUR?	(If in Boltime	FINDINGS CONSIDERED AUSES OF DEATH?
)	fy medical examiner					
21D. TIME	(Month) (Doy) (Y		INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
(APPROX.)		Whi Wor	le At Not While At Work			
22	y that (I) (this have				19 40 to By	B- 81 1968
				1068		
	Tlost sow the dece		Tele. 3			olnion death accurred an the do
		stoted obove. (I) (Me) (did) (did not) v	riew the body ofter deat	h	
23A. SUSWAT	URE					23B. DATE SIGNED
23C. PHYSICI NAME	secret Si ANS (Type)	revau	Phy DEGREE Phy	Med. Director 23D. ADDRESS	S taff Phy s.	2-10-68
		rence Shim		3711 Falls		
A. BURIAL CR REMOVAL		24C. NA	AME of CEMETERY or CRI	EMATORY 24D.	LOCATION	City, town, or county) (Stote)
Bunial	2/1:		ly Redeemer C	emetery	Baltimore, M	d.
FFR 19	1968 P. C.	258. NAME O		Schimunek	Funeral Home	ADDRESS
s 150 ps 4 7 /2	1000			3331 Brehm	s Lane #13	
150-REV. 1/1	/ D D					



1/ -01) 00 1	BALTIMORE CITY	HEALTH DEPARTMEN	NT	68- 1686
y-520 68-1	536 CERTIFICA	TE OF DEAT	H REG. NO	00 1000
BIRTH NO.	CERTITIO)			
1. NAME OF DECEASED Leslie (Type or Print) CARL L. YO	UNG.	2. DA	TE AND HOUR OF DEAT	. 3/1
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO			(Where deceased lived. If	institution: residence before admission
HOSPITAL OR HOSPITAL OR IN ADDRESS OR LOCATION	STITUTION, GIVE STREET	C. CHY OR TOWN	Baltin D. IN	iside CITY LIMITS?
27 Mercy Hosp		E STREET AND NUM		YES - NO
BALTIMORE	MI.	835 -	2. 300	St.
MA III.	NED NEVER MARRIED DIVORCED DIVORCED	8-2-3 Z	9. AGE (In years last birthday)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KINI	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNT
clerk McCarthy	&-Hicks Inc.	Baltin	ine Md.	U.S.A.
13. FATHER'S MAME	g	14. MOTHER'S MAIDE	len Tue	cker
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or doles of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	State Bridge	ADDRESS
	213-28-7577	Louise Lo	zetta (nee	Smith, wife, abo
18.	CAUSE OF DEAT	H		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		C 2	0.4.	
LEADING TO DEATH	(A) IMMEDIATE CA	USE OIM · REA	Septecemen	Hours
(This does not mean the made of dying, heart failure, asthenio, etc. It means the dise		A CONSEQUENCE OF:		
injury ar complication which caused death.)		0 11	. (0)	1 9
ANTECEDENT CAUSES	(0)	Pneush	onia (R+L	LL) Days.
DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cause (A) stating				THE STATE OF THE S
UNDERLYING CONDITION last.	(c)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG Ade	nocarcin	oma of Lect	um months
DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 198. CONDITION WAS PERFORMED	OR WHICH OPERATION	Ues.	or No. 208, IF YES, WER IN CERTIFYING	E FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, factory, street, cetc.)	in or obout 21C. WHERE I	DID (If in Boltim UR?	nore City, give exoct location)
21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Work Not Whi	le 🗀	D INJURY OCCUR?	
22. I certify tha (1) (this hospital) attend	ed the deceased from	1/27/108	19 to	2/11 1960
that (W (we) lost sow the deceased alive	0/1/	19/68		plnion deoth accurred on the d
and hour and from the causes stated above	e. (I) (We) (did) (did not)	view the body ofter d	eath.	
23A. SIGNATURE	220			23B. DATE SIGNED
Sean M. Alt.	mus MO AH	ending Med.	Staff Phys.	2/11/68.
23C. PHYSICIAN'S	DEGRÉE!	23D. ADDRESS	rnys. —	
23C. PHYSICIAN'S NAME (Type)				
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CR	EMATORY 1	24D. LOCATION	(City, town, or county) (State)
REMOVAL (Specify)				
	Parkwood Ceme		Baltimore,	
	ME OF REGISTRAR	Schimune 3331	K Funeral H Brehms Lan	lome, Inc.
VS 150 PEV 1/1/6P				

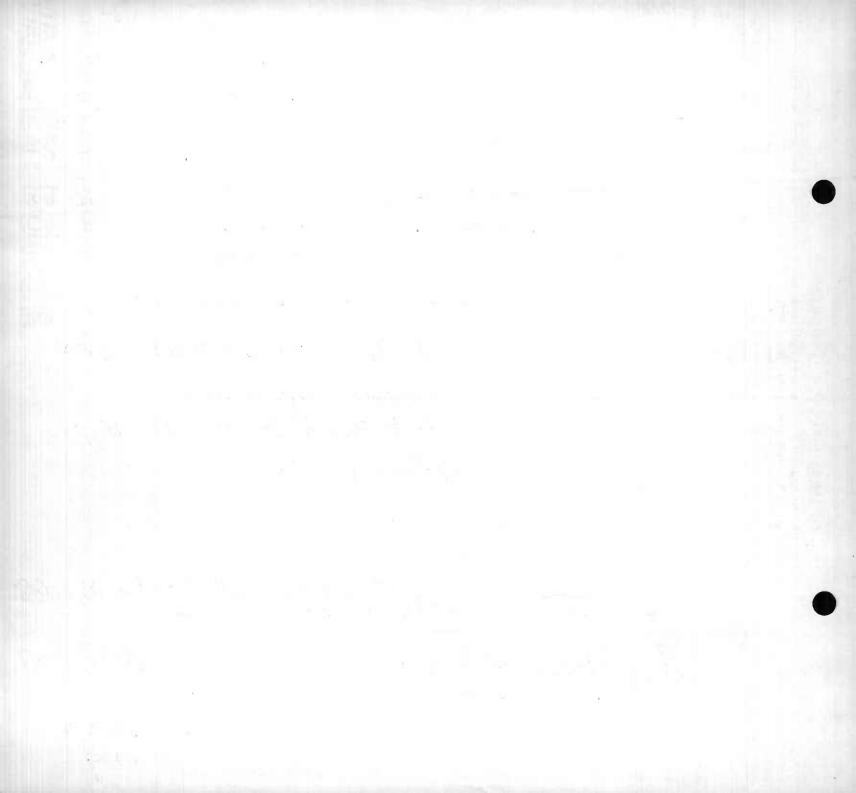


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NFORMATION SHOULD	BIEACE WEITE THE CAMER OF BEATH CIEABLY AND LEGIBLY
FRY ITEM OF I	PIEACE WRITE
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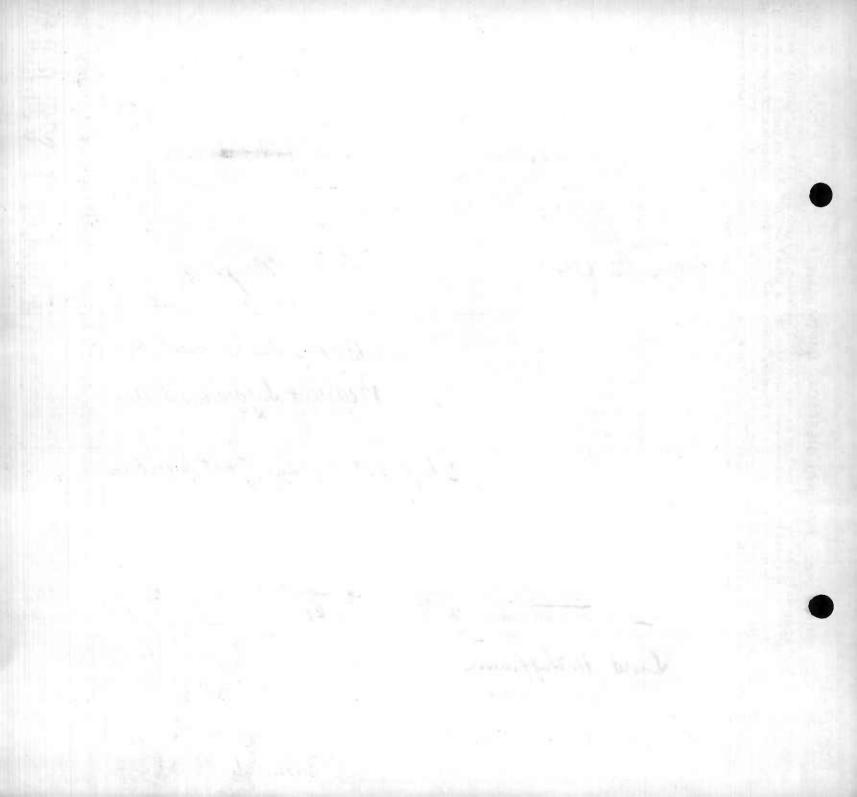
4	-2460 BALTIMORE CITY H	EALTH DEPARTMENT	Danistana d	00- 1687
RIP	CERTIFICAT	E OF DEATH	Registered	f'
1.	NAME OF DECEASED HOW WILL V. ESL	ER	2. DATE OF DEATH	1-1968
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	A. STATE B.	(Where deceased lived, It institution: re COUNTY 21205	
	713 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	C. CITY OR TOWN B. L.	(If outside city limits, write RUR. (If rural, give UZCHUL J.L.	1-00
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specific Specific Specif	8, DATE OF BIRTH	9. AGE (In years	f Under I Yr. If Under 24 Hrs. onths Days Hours Min.
don	. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Rebuild Baker Cookie Co.	NDUSTRY II. BIRTHPLACE (State of Baltimor	to control	2. CITIZEN OF WHAT COUNTRY?
13.	John Esfer	14. MOTHER'S MAIDEN		2
	Wos Daceased Ever in U. S. Armad Forces? , no or unknown) Yes WW 2 16. SOCIAL SECURITY NO 214-16-622		2816 A	ADDRESS ADDRES
ICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Myocardul Cozonary a	l Infortion Neuosclerom	ONSET AND DEATH
SAL CERTIFIC	TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJUI	19B. CONDITION FOR WH WAS PERFORMED RY (e.g., in or about 21C. WHERI		20. AUTOPSY7 YES NO D
MEDIC,	OR CONTRIBUTING CAUSE OF DEATH (notify madical axaminer) home, farm, factory, atc.) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	streat, office bldg., INJURY OCC		
	22. I certify that (1) (this hospital) attended the deceased f	ost sow the deceosed olive o	d on the dote stated above.	19 to 19.68 3C. DATE SIGNED 2-11-68
RE	Burial 2/14/68 Holy Rede	emer Cemetery	Baltimore, M	
25	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	Schimur 2601	RECTOR nek Funeral Hom E. Madison St.	ne, Inc.
VS	150			



65 1t	OOO CEPTIFICA	TE OF DEATH	REG. NO	00 1000
HETH NA	CLIVIIIICA	THE OF DEATH		
INTH NO. NAME OF DECEASED JOSEPH JAMES JOSEPH JAMES		2. DATE	AND HOUR OF DEATH	1:45 a.
B. PLACE IN BALTIMORE, MARYLAND, WHERE PROP	NOUNCED DEAD	14. USUAL RESIDENCE (V	•	institution: residence before admissio
FULL NAME OF (IF NOT IN HOSPITAL OR INS	TITUTION, GIVE STREET	Md.,	21222	53.00
NSTITUTION		Baltimore	Co	YES NO X
Gould Nursing Ho	ome	1910 Merr		
SEX 6. RACE 7. MARRIE	ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hi Months: Days Hours Min.
male white widow	ED X DIVORCED	6/28/98	69	
0A, USUAL OCCUPATION (Give kind of work 10B, KIND one during most of working life, even if retired)		11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNT
Coppersmith Md. Dry	dock Co.	Baltimore	, Md.	
3. FATHER'S NAME unknown		14. MOTHER'S MAIDEN		
S. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown] (If yes, give war or dotes of servic	16. SOCIAL	17. INFORMANT		ADDRESS
	e) SECURITY NO.	Andrew J.	Kaplan, sor	above
18. / /) 6)	CAUSE OF DEAT		, , ,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
ANTECEDENT CAUSES		1.		
DISEASES OR CONDITIONS, if ony, givings to the above cause (A) stating to UNDERLYING CONDITION lost.		ic myoc a consequence of tensive C	arditis Vdiseasi	U 15yrs.
DISEASES OR CONDITIONS, if ony, givings to the above cause (A) stating to UNDERLYING CONDITION to state of the termination of t	G CONTROL	ic myoc a consequence of tensive C thrombos	arditis Vdiseasi is	U 15yrs.
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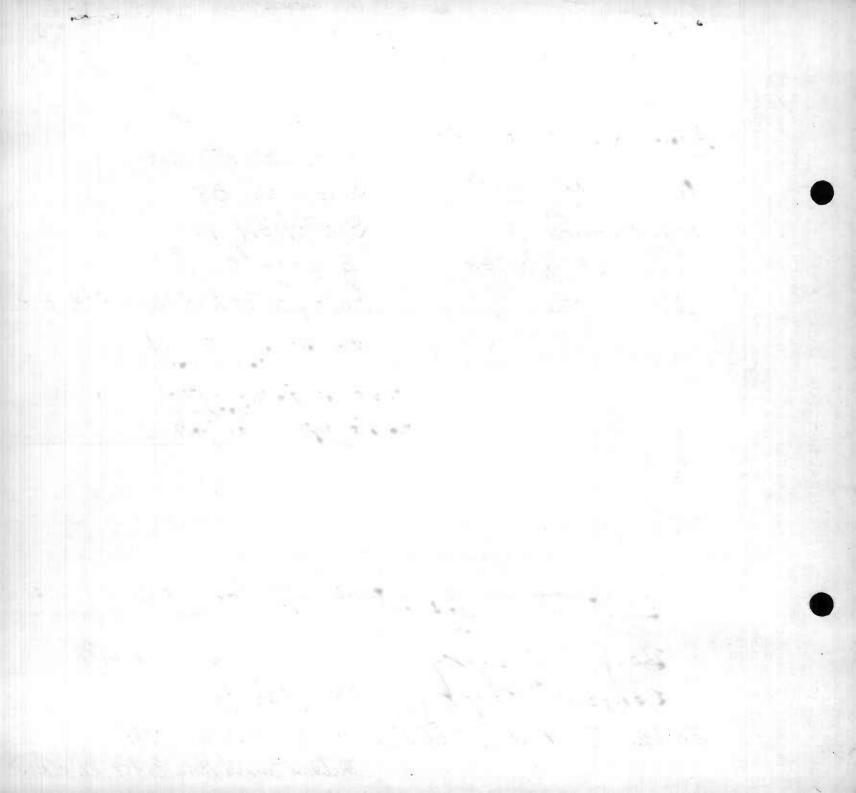


D-620 00-100	BALTIMORE CIT	Y HEALTH DEPARTMENT		68- 1689
BIRTH NO. 68 168	CERTIFICA	ATE OF DEATH	REG. NO	00 1000
1. NAME OF DECEASED (Type or Print) ALL NED	BRUCE	2	AND HOUR OF DEATH	1 /150P N
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONO FULL NAME OF HOSPITAL OR INSTIT ADDRESS OF LOCATION BALTIMORE CITY HO 4940 EASTERN AVEI	UTION, GIVE STREET OSPITALS TUE	A. STATE B. COU MARYLAND C. CITY OR TOWN BALT IMORE E. STREET AND NUMBER	D. INS	nstitution: residence before odmission
BALTIMORE, MARYLA		1	MORE STREET	
MIDOWED		9-6-01	9. AGE (In years lost birthage)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND Of done during most of working life, even if retired)	BOZINEZZ OK INDOZIK	VIRGINIA	reign cauntly)	U.S.A.
Charlie Green		14. MOTHER'S MAIDEN N.	ushu	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	'RECOADS! BALT 4940 EASTERN		OSPITATSORESS IMORE MD. 21224
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, astheria, etc. It means the disease, injury or camplication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving itse to the above cause (A) stating the UNDERLYING CONDITION last. 330	(B) DUE TO, OR A	Elwrent Su S A CONSEQUENCE OF: X	barachioid Tract Infi	Akumrlager etions
19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED		NO in or obout 21 C. WHERE DID		FINDINGS CONSIDERED USES OF DEATH? re City, give exect location
OR CONTRIBUTING CAUSE OF han	ne, farm, factory, street,	affice bldg., INJURY OCCUR?		re City, give exact location)
U OF INJURY	ile At Not Wh	ile 🗆		0 0 10
22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased olive on and haur and from the causes stated above.	2-9			inian death accurred on the da
David H. Huffman		hending Med. Director	Staff Phys A	2-9-68
23C. PHYSICIAN'S NAME (Type) DAVID HUFFMAN	DEGRE	4940 EASTERN	IMORE COTY H AVENUE, BALT	OSPITALS PIMORE MD. 21224
Surial 2/14/68 Mg	Ralling	REMATORY 24D.	2 a Co,	ity, town, or caunty) (Stote)
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VS 150-REV. 1/1/6B				

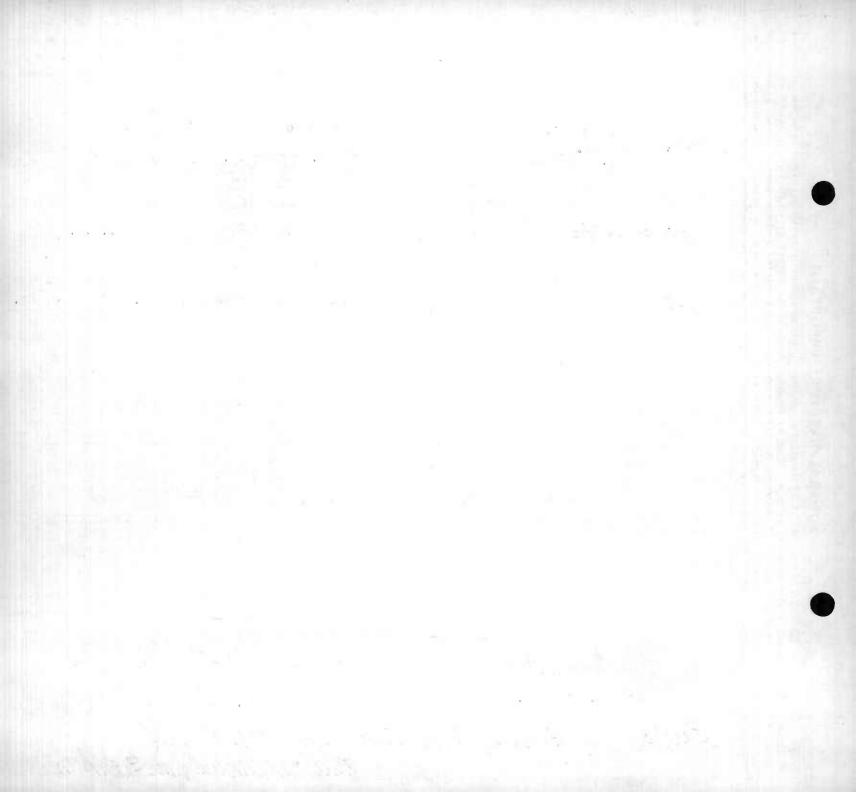


7 7 00	BALTIMORE CITY	HEALTH DEPARTMENT		69_ 4000
5 620 68-18	S90 CERTIFICA	TE OF DEATH	REG. NO	68- 1690
	GERTII (G)	TE OF DEXTIFE		
NAME OF DECEASED Type or Print)		2. DATE ANI	HOUR OF DEATH	2000
	eRS.	2/0	1608	- d- 19
PLACE IN BALTIMORE, MARYLAND, WHERE TO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If it	nstitution: residence before admissio
		As I.		26-11
ULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	114		7010
NSTITUTION	Williams Hond	C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
Georgea WAShington 1	Vensing No	BALTIMED		YES NO
George Washington 1	aver	E. STREET AND NUMBER	1 -	
60.7 181111391		4940 E.	ASIERN	ave.
SEX 6. RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr. II Under 24 Hr Months Doys Hours Min.
male Heary WIDOW		100000000	65.7	77011113
A. USUAL OCCUPATION (Give kind of work 108, KIND		11. BIRTHPLACE (State or foreign	in country)	12. CITIZEN OF WHAT COUNT
one during most of working life, even if retired)	OF BOSINESS OR INDUSTRI	4	in coonny,	
Unemployed		unknown		USA
FATHER'S NAME		14. MOTHER'S MAIDEN NAM	\E	
1.11/		Ilan V.		
JN KNOWN N. S. Armed Forces?	114 00000	UN KNOW		ADDRESS
es, no or unknown) (If yes, give wor or dotes of services)		// INFORMANT		1000 PENNELYDUM
	21230 8778	PLART		ave.
18.7 5 0 9	CAUSE OF DEATH	H		APPROXIMATE INTERVAL
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DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		(3 1/ a		
(This does not meen the made of dying,	(A) IMMEDIATE CAL			
heart failure, asthenia, etc. It means the disease		A CONSEQUENCE OF:		
injury at camplication which caused death.)		- 1	2	The second second
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		Manual P		
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rise to the above cause (A) stoting UNDERLYING CONDITION lost.	(c)	Makeles		
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN				
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	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED
WAS LEKLOKWED		/	THE CERTIFIENCE CA	OSES OF DEATH!
	21B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimo	re City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	home, form, foctory, street, of	fice bldg., INJURY OCCUR?		
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
(APPROX)	While At Not While At Work	e		
			1.5	5/6/
22. I certify that (1) (this haspital) attended	d the deceased fram	2/3/	962 ta	2/8/ 19 60
that (I) (we) last saw the deceased alive (an 2/8/	19 68 and the	it fn(my) (aur) ap	inian death accurred an the d
and have and from the causes stated above	(1) (Wa) (4) 4) (A) 4 == A) .	tour also bedue after decal		
	(i) (iie) (ala) (ala nai) v	new the bady after death.		DATE CIONED
23A. SIGNATURE	•			23 B. DATE SIGNED
6 6 tr	All Phys	nding Med.	Staff Phys.	
23C. PHYSICIAN'S	DEGREE	23D. ADDRESS	.,	1
NAME (Type)	1 , 1			
Edward E K	10 LT GEGREE			
	C. NAME of CEMETERY OF CRI	MATORY 24D, LC	CATION (C	ity, town, or county) (Stote)
Burial 2/15/68	Mt Calvary Ce	metry A	A County	Md
חמודמד בין דין ייס	The comments of			
	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	2 1204 M M	owth ATTO
		25C. FUNERAL DIRECTOR A Halstea	ad 1206 W N	orth Ave

12-131 00	BALTIMORE CIT	Y HEALTH DEPARTMENT		68: 1691
P= 636 68-	1691 CERTIFICA	TE OF DEATH	REG. NO.	OCC MACA
I, NAME OF DECEASED Type or Print) Type or Print)		2. DATE AND	HOUR OF DEATH	1 / A.
3. PLACE IN BALTIMORE, MARYLAND, WHER		4. USUAL RESIDENCE (Where		stitution: residence before admissio
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET	C. CITY OR TOWN	D. NSII	CAY LIMITS 2
Livai Hospital	of Baltimore	E. STREET AND NUMBER	11 6	YES 🛛 NO 🗌
		2346 Lau.	retta HV	8.
	MARRIED NEVER MARRIED DIVORCED DIVORCED		ost birthdoy	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work 108 one during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTI
LONGShoremon		Smithtiel	of Va.	
FATHER'S NAME	n ton	14. MOTHER'S MAIDEN NAN	16 3	,8 ~
Was Deceased Ever in U. S. Armed Forces	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown) (If yes, give wor or dotes o	service) SECURITY NO.	Ruth Porte	r 2346 Lo	surotta Ave
18. 5 3 1 , 0 1	CAUSE OF DEA	тн		BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECT	TLY	or in the inte	Cont.	/
(This daes not mean the made of dy	ing, e.g., (A) IMMEDIATE CA	USE Complete into	well have	<i>p f</i>
heart failure, osthenio, etc. Il means the injury ar camplication which caused de	disease,	0 %	1211 10000	// -/
ANTECEDENT CAUSES	m	assive Gastr	o intestinal	10 hrs.
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5400	\\-/			
OTHER SIGNIFICANT CONDITIONS CONTE	ERMINAL			
	ON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE IN CERTIFYING CAS	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(II in Soltimor	e City, give exoct location)
	Hour) 21E. INJURY OCCURRED White At Not Will Work At Work		JRY OCCUR?	
			96-8 to 1-	ch 10 1968
22. I certify that (I) (this hospital) at that (I) (this hospital) at	/	1. (nian death occurred on the d
and hour and fram the causes stoted	abave. (1) (We) (did) (did_not)	view the bady after deoth.		
Senfamin a.		tending Med.	Staff Phys.	2/10/6 S
23C. PHYSICIAN'S NAME (Type)	Kropsky.	SINIZ HARL	ito/	
24A. BURIAL CREMATION, 248. DATE	24C. NAME OF CEMETERY OF C	REMATORY 240. Kg	CATION (C)	ty, town, or county) (Stote)
25A. DATE REC'D BY HEALTH DEPT. 25	8 ACTULUS // CM	25C. FUNERAL DIRECTOR	muls 7	ADDRESS
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		1 Warring Harris	7 / 1000	I I I I WAS THE THE PARTY OF



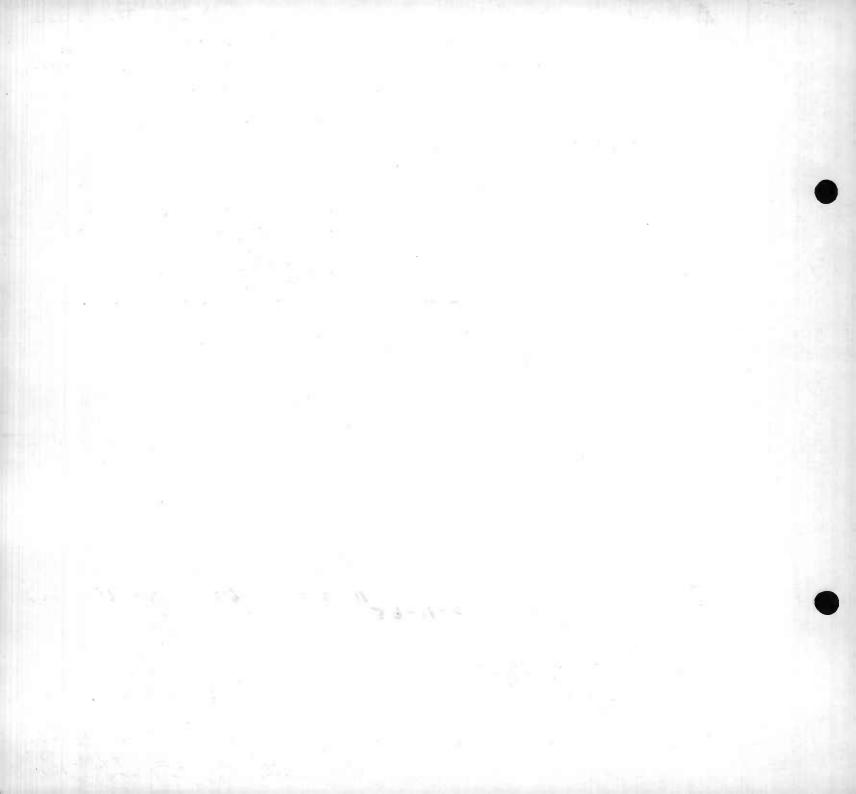
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seth the the	BIR	TH NO.		200	CERTIFICA		2. DATE AND HOUR O	E DEATH	
9 8 9		pe or Print)	LILLY	G01	RDON		Feb 6/68	DEATH	1130 PM.
hospital se of d (5) Dece ance or	3.	PLACE IN BALTI	MORE, MARYLAND, V	HERE PRONOL	INCED DEAD	4. USUAL RESID	B. COUNTY	fived If instituti	ion: residence de fore odmission)
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lin a ng cause; cause;	- II-	altimore	City Hospita	als		Baltimo			NO [
d in a	4	940 Easte	ern Ave. Md. #212	0.1		E. STREET AND	Mosher St.	#21217	007
F 2 0 B	115.	EX EX	MO #ZIZ	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTI	H 9. AGE (In	yeors If	Under 1 Yr. , If Under 24 Hrs.
occur	EF	emale	Negro	WIDOWED	DIVORCED [5/2/91	lost birthdoy		onths Doys Hours Min.
もっきょう	104		PATION (Give kind of wor orking life, even if retired)	k 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign country)	12.	CITIZEN OF WHAT COUNTRY?
S	2 =	HOUBE FATHER'S NAM	WIFE			Baltimor	e, Maryland		U.S.A.
T : (4)		Unkno				Unkn			
AN stant ie di ind; eath	15.	Wos Deceosed	Ever in U. S. Armed Fo (If yes, give wor or dot	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	OWII	SEE T	ADDRESS #21224
Sist the the de	fina	NO					rds 4940 East	tern Ave	. Baltimore, Md.
. 6 S . 6 S	2 0	1B. 4	7 I OR CONDITION DI	IDEC YLV	CAUSE OF DEAT	Н			BETWEEN ONSET AND DEATH
IM or hi	D D D D D D D D D D D D D D D D D D D	1	LEADING TO DEATH		(A)IMMEDIATE CA	JSE CV	A		2 days
יייייייייייייייייייייייייייייייייייייי	balm	heart failure, a	II mean the mode of isthenia, etc. II means olication which caused	s the disease,	DUE TO, OR AS	A CONSEQUENCE	OF:		
0 .= = 0	e m		NTECEDENT CAUSES						
2 0 E 4 4	0		R CONDITIONS, if		DUE TO, OR A	A CONSEQUENCE	OF:	*****************	
alex alex (3)	ns a		obave cause (A) CONDITION last.	sioling the	(C)				
AL med edic burr hysi	remain ATION	OTHER SIGNIFIC	CANT CONDITIONS CO	THE TERMINAL	pneur	nenta	-Dynews	unie	2 Den
E + E > E.	0 . <	19A. DATE OF	OPERATION GIVEN IN PA		WHICH OPERATION	20 A. AUTOPSY	(? (Yes or No.) 20B. IF YI	ES, WERE FIND	INGS CONSIDERED OF DEATH?
7 5 % E	ore the	21A. ACCIDEN	T WAS UNDERLYING		PLACE OF INJURY (e.g.,				y, give exact location)
=======================================	AL AL	OR CONTRIBUT	TING CAUSE OF medical examiner	hom etc.)	e, form, foctory, street,	ffice bldg., INJURY	OCCUR?		
0 2 0 0	MEDI	21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)		INJURY OCCURRED	l• 🗖	W DID INJURY OCCU	R?	
	obta	22. I certify t	that (1) (this haspita) attended t	ne deceased fram	Feb. 4	19 68 10	Feb	6 19 68,
0000		that (I) (we)	last saw the deceas	ed alive an	Feb 6	19 6 6	and that in (my)	(aur) aplnian	death occurred on the date
it be a lised to ent of spital	must be	and haur and		ited abave. (I) (We) (did) (dld nat)	view the bady af	fter death.	23 8	3, DATE SIGNED
S 0 0	E	4	redis	Achi	AH Ph	ending Me	ed. Staff Phys.		ch7/68
	oval	23C. PHYSICIAN NAME (Ty	nel nel		DEGREE		City Hospita	als	
	pprov	F	red M. Aoki		DEGREE	4940 East	ern Ave. Bal	timore,	Maryland #21224
certificate body was ws: (1) An a	ter	surial	MATION, 24B. DATE	1968 11	AMEROI CEMETERY OF CI	ne Clari	Ballo.	1/1/1	ADDRESS
This cer the boc shows:	25.	EB 1 1	BY HEALTH DEPT.	25B. NAMP		25G. FUNERA	MARK VILLE ILA	Al frese	31981 Schron Auly
		150-REV. 1/1/6	В	1-1		- VE-CULLY	THE TANKNOW	Harry	MI TO THE WAY WAY



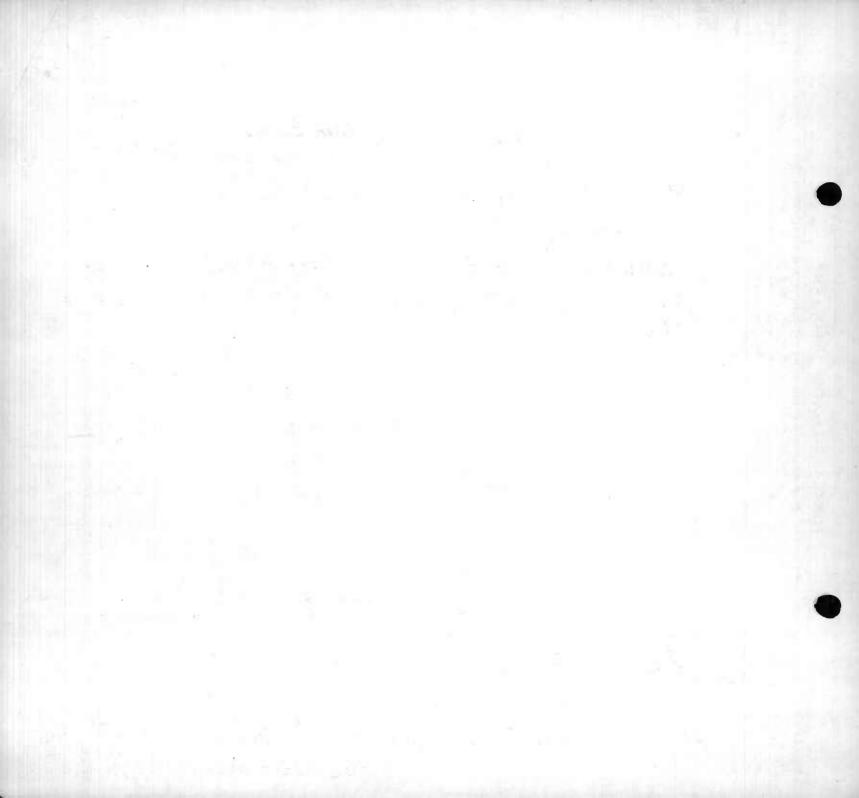
IMPORTANT

DIRECTOR:

FUNERAL

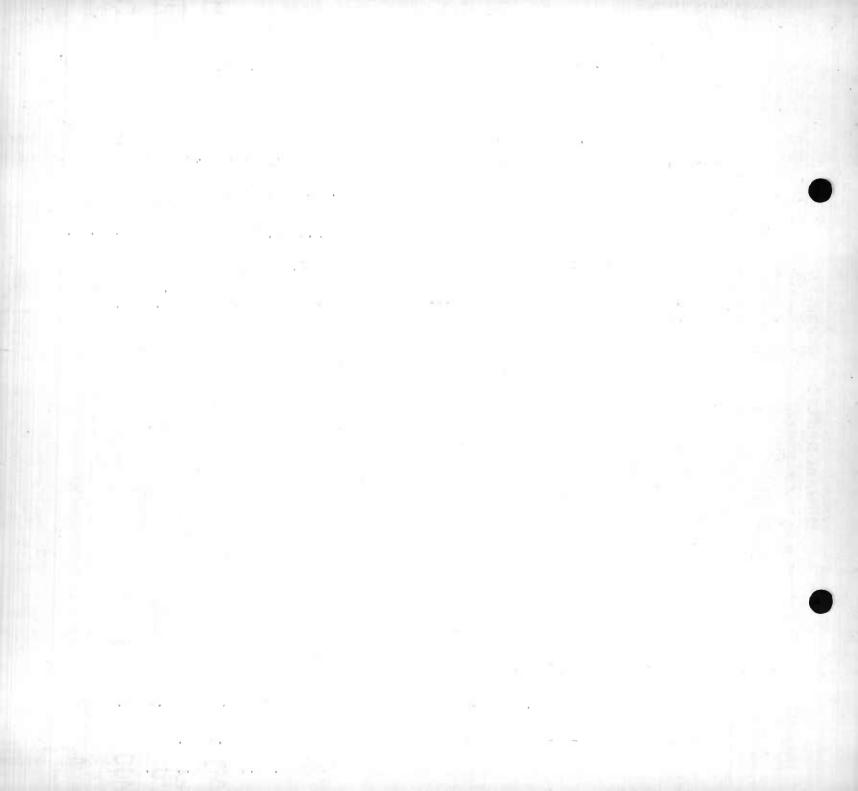


F	424			HEALTH DEPARTMENT	1/	68- 169A
BIRTH NO.		68- 1	1694 CERTIFICA	TE OF DEATH	Registered Na	7001
M.E. CAS	E NO. OF DECEASED		<u> </u>		D HOUR OF DEATH	
(Type or P	rint) / 01/15	ALBERT	FLAGLE			2/10 0:55 1
3. PLACE	OF DEATH IN BALT	MORE MARYLAN	DAGLE			2/68 8, 55 A.M.
				A. STATE B. COUN	TY	
	IAME OF (If not	in hospitol or insti	lulion, give street	Md A	NNE AR	CUNDEL 52-00
HOSPIT	TION addres	s or location)		C. CITY OR TOWN (If out	side city limits, write R	URAL and give township)
NIA	DUI ANIA	GENIE	RAL HOSPITAL	Glen Burnie	2.	
						POUTE 2
	7 LINDER			BOX 726 N	MARGATE	DR. (2/06/)
5. SEX	6. RACE		RRIED, NEVER MARRIED DOWED, DIYORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
N	1 W		ARRIED	3/25/02	65	
			ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
BUS	mast of working life, ev		LTIMORE	MARYLAI	(10	U.S.A.
-	DRIVER RS NAME	-11=1, 170	ANSIT, CO.	14. MOTHER'S MAIDEN NAM	,	U.S.A.
	1 / 1 1 1	. II	PIE		FNES RE	LUCLEN
	WILLIAM	ILA	545		TNES 11E	
(Yes, no or	unknown) (If yes, give	Armed Forces? war or dates of se	rvice) 16. SOCIAL SECURITY NO.	17. INFORMANT VIRGINIA 7	FIRE	ADDRESS
N	0		216-03-5159	CWIFE	=)	SAME.
1B/	112 0	-	CAUSE O	F DEATH		INTERVAL BETWEEN
	DISEASE OR CONI	DITION DIRECTLY				ONSET AND DEATH
	LEADING T		w Coc	onary scleno	SIS BECKUSA	os 2 yrs
	does not meon the				1/	7.7.7.
	foilure, osthenio, etc or complication wh		seose,	/	£ 0	
	ANTECEDEN	T CAUSES	(B) Nype	Attime Kears	distast	57-5
DISE	ASES OR CONDIT					
	to the obove c		the (C) An	Lencoscloros	(1)	54-3
UND	ERLYING CONDITIO	N losi.				
7 /	20.1					
OLUHE	R SIGNIFICANT CON THE DEATH BUT					
A DISE	ASE OR CONDITION	CAUSING IT.		1004	VI 000	
DI 19A. D	ATE OF OPERATION	WAS PERFORME	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes ar No	IN CERTIFYING CAU	INDINGS CONSIDERED USES OF DEATH?
U 21 A. A	CCIDINET WAS TIME		1010 01 10 00 00 00	100		
OR CO	ACCIDENT WAS UNE	JSE OF	21B. PLACE OF INJURY (e.g., in hame, farm, factory, street, of	fice bldg., INJURY OCCUR?	(It in Baltimare	City, give exact lacotion)
DEAT	H Inatify medical exam	niner)	etc.)			
OF IN	IME (Month) (D	oy) (Yeor) (Hau	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
₹ (APPR			While At Work At Work			
22 1	/1> /.1.	1			0/2	13
			nded the deceased from		963 10 Jel	
	(I) (we) last saw th		o ull		ot in (my) 🛶r) opin	ian death accurred on the date
ond h	our and from the c	auses stated ob	ove. (I) (We) (did) (did not)	iew the bady ofter death.		
23A. S	IGNATURE	1-41		/		23B, DATE SIGNED
1	X DI	Red Lell	M.D. Atte	mding Med.	Staff Phy s.	2/12/68
23C.	HYSICIAN		1	23D. ADDRESS		, , ,
P	AME (Type)	4. 50	ITZBERG. M.D.	338 W	Pratt SI	(,
24A. BURI	AL CREMATION, 24		24C. NAME OF CEMETERY OF CRE			
	OVAL (Specify)	11:-110		I MAK	CALIDA	y, town, or county) (Stotel
1301	RIAL d	115/68	MEADOWRIDGE			NTY - Md.
25A. DATI	E REC'D BY HEALTH	DEPT. 258. N	AME OF REGISTRAR		11	ADDRESS #
FEB	3 1968 (5	Ba5 4. 4	California .	GEORGE A.	WEBER-70	5 S ANN ST. 2/231
VS 150-PE	V 1/1/65					

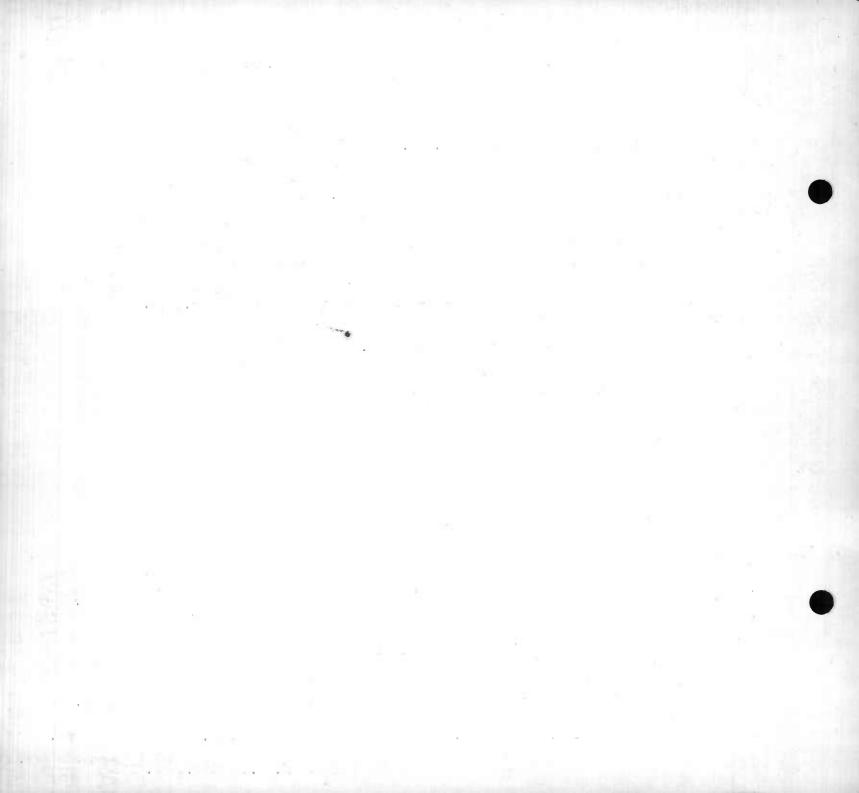


VS 150-REV. 1/1/6B

Witzle F. D., Balto.,



1.1		ASED			2. DA1	E AND HOUR OF D	PEATH	v .
Пу	pe or Print)	Rose Spaday	co		2-	-10-68		6 A
3.	PLACE IN BALT	IMORE MARYLAND, W		UNCED DEAD	4. USUAL RESIDENCE		ed. If institution: res	sidence befo
FU	LL NAME OF	(IF NOT IN HOSPITA	AL OR INSTIT	UTION GIVE STREET	9XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		vland	
H	SPITAL OR	ADDRESS OR LOCA	(TION)	UTION, GIVE STREET	C. CITY OR TOWN		D. INSIDE CITY LIN	AITS?
					Baltimore		YES X	NO
	27	26 Cylburn Av	renue.	Balto. Md.	E. STREET AND NUMB	ER	7(
	00				913 Stamfor	d Road	1	4
5.	SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year lost birthday)	rs II Under Months: I	Yr. If t
	Female	W	WIDOWED	DIVORCED _	Nov. 15, 189			
		PATION (Give kind of work rorking life, even if retired)	108, KIND OF	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of		12. CITIZE	N OF WHA
001	House w				T+ oler		Ita	l w
13.	FATHER'S NAM		}		14. MOTHER'S MAIDEN	NAME	1 Ua.	-7
	Thomas	Termine			Acceting To	mmi na		
16		Ever in U. S. Armed For	2	1 6. SOCIAL	Agstina Te	Lurina		ADDRESS
(Ye	s, no of unknown)	(If yes, give wor or dote	s of service)	SECURITY NO.	17. INFORMANT	913 St	amford Ro	a d
	no			218-50-6562	Frank Spadan			
	heart failure, cinjury at com A DISEASES Orise to the	at mean the mode of osthenio, etc. It meons plication which coused NTECEDENT CAUSES R CONDITIONS, if above cause (A)	the disease, death.)	(B) Arte	A CONSEQUENCE OF:	Cardio-	vage Dis	Mag
CATION	DISEASES O rise la lhe UN DERLYING OTHER SIGNIFI DISEASE OR CO	osthenio, etc. II meons plication which coused interest to the couse of the couse o	the disease, death.) any, giving stating the MIRIBUTING HE TERMINAL T 1 (A).	(B)	rios olesot. S A CONSEQUENCE OF:			Mag
	DISEASES O rise la lhe UN DERLYING OTHER SIGNIFI DISEASE OR CO	osthenio, etc. II meons plication which coused INTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION last. II CANT CONDITIONS COI H BUT NOT RELATED TO 11	Ihe disease, death.) any, giving stating the NTRIBUTING 1E TERMINAL 1 (A).	(B)	rissolerot.	or No) 208, IF YES.	WERE FINDINGS OF CAUSES OF D	CONSIDERE EATH?
AL CERTIFIC	DISEASES OF THE DESTA OF THE DESTA OF THE DEATH DISEASE OF CO. 19A. ACCIDEN OR CONTRIBU	osthenio, etc. Il meons plication which coused INTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION last. Il CANT CONDITIONS COI H BUT NOT RELATED TO TI ONDITION GIVEN IN PAR OPERATION 1798. CON	Ihe disease, death.) any, giving staling the MITRIBUTING HE TERMINAL TO (A). DITION FOR YOUR MED	(C)WHICH OPERATION	rios olesot. S A CONSEQUENCE OF:	or No) 208, IF YES, IN CERTIFYIN	WERE FINDINGS	EATH?
EDICAL CERTIFIC	DISEASES OF THE PROPERTY OF THE DEATH DISEASE OF COMPANY OF THE DEATH DISEASE OF COMPANY OF THE DEATH OF CONTRIBUTION OF CONTR	osthenio, etc. II meons plication which coused interest to the couse (A) above cause (A) conditions (A) conditions cold but not related to the condition given in part of the condition of the co	Ihe disease, death.) any, giving stating the NTRIBUTING 1E TERMINAL 1 (A). DITION FOR 10 ORMED	(C)WHICH OPERATION	20 A. AUTOPSY? (Yes in or obout 21 C. WHERE Diffice bidg., INJURY OCCU	or No) 208, IF YES, IN CERTIFYIN	WERE FINDINGS (EATH?
CAL CERTIFIC	DISEASES O rise In the UN DERLYIN G OTHER SIGNIFI TO THE DEATH DISEASE OR CO. 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notily)	osthenio, etc. II meons plication which coused INTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION last. II CANT CONDITIONS COI H BUT NOT RELATED TO INDITION GIVEN IN PAR OPERATION 198. CON WAS PERF	Ihe disease, death.) any, giving stating the NTRIBUTING HE TERMINAL TO A CORMED 1 1 (A). DITION FOR YOUR HOPE CORMED (Hour) 21E. Wh	(C)WHICH OPERATION I. PLACE OF INJURY (e.g., ne, lorm, loctory, street, c.) I. INJURY OCCURRED Not While At Not Whi	20 A. AUTOPSY? (Yes in or obout 21 C. WHERE Diffice bidg., INJURY OCCU	or No) 20B, IF YES, IN CERTIFYIN D (If In B	WERE FINDINGS (EATH?
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EDICAL CERTIFIC	DISEASES OF THE NOTIFIED TO THE DEATH OF THE DEATH OF CONTRIBUTE OF THE DEATH OF TH	osthenio, etc. II meons plication which coused INTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION last. II CANTONDITIONS COINTED TO THE CONDITION OF CAUSE OF CAUSE OF MEDICAL CONDITION CONDITION OF CAUSE OF MEDICAL CONDITION (Month) (Doy) (Year)	Ihe disease, death.) any, giving stating the stating	WHICH OPERATION I. PLACE OF INJURY (e.g., ne, lorm, loctory, street, c.) I. INJURY OCCURRED Not White At Work he deceased from	20 A. AUTOPSY? (Yes in or obout 21 C. WHERE Diffice bldg., INJURY OCCU	D (If In B	WERE FINDINGS OF D	exoct locoti
EDICAL CERTIFIC	hearl failure, injury ar command ADISEASES Orise In the UNDERLYING TO THE SIGNIFIT TO THE DEATH DISEASE OR CONTRIBUTED ATT (notily 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (***)	ashenio, elc. Il meons plication which coused in the couse in the	Ihe disease, death.) any, giving staling the Staling	(B) DUE TO, OR AS (C)	20A. AUTOPSY? (Yes on in or obout 21 C. WHERE DISTINGLE bidg., INJURY OCCU	D INJURY OCCUR?	WERE FINDINGS OF D	exoct locoti
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EDICAL CERTIFIC	hearl failure, injury ar command ADISEASES Orise In the UNDERLYING TO THE SIGNIFIT TO THE DEATH DISEASE OR CO. 19A. DATE OF CONTRIBU DEATH (notily 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (www.) ond hour and	ashenio, etc. II meons plication which coused in the couse in the	Ihe disease, death.) any, giving staling the Staling	WHICH OPERATION I. PLACE OF INJURY (e.g., ne, lorm, loctory, street, or lock) I. INJURY OCCURRED hile At Work he deceased from the decea	20 A. AUTOPSY? (Yes on the body ofter december of the body of the december of the body of	D INJURY OCCUR?	WERE FINDINGS OF CAUSES OF D Soltimore City, give	exoct locotion
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MEDICAL CERTIFIC	heart failure, injury ar command injury (APPROX.) 21 A. ACCIDEN OR CONTRIBU DEATH (notily 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (www.) ond hour and 23A. SIGNATUR (Tym.)	osthenio, etc. II meons plication which coused in the couse in t	Ihe disease, death.) any, giving stating the stating	(B) DUE TO, OR AS (C)	20 A. AUTOPSY? (Yes of in or obout 21 C. WHERE Diffice bidg., INJURY OCCU 21 F. HOW DIE 21 F. HOW DIE 21 F. HOW DIE 21 F. HOW DIE 22 F. HOW DIE 23 D. ADDRESS 4123 Frederic EMATORY 24	IN CERTIFYIN IN CERTIFYIN O INJURY OCCUR? 19 27 to d that in(my) (400) Shaff Phys. k Avenue,	WERE FINDINGS OF CAUSES OF D Soltimore City, give	exoct locotion occurred signed 2 / /2



68- 1	6347	TE OF DEATH	REG. NO	68- 1697
BIRTH NO.	CLKTITICA		D HOUR OF DEATH	
(Type or Print) GUMPMAN, JOHN P.		2-11-4	11:50	M. titutian; residence before odmission)
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		A. STATE B. COUN	TY	iriulian; residence before admission)
FRANKLIN SEUARE HOSPITAL		C. CITY OR TOWN		DE CIDYLIMITS?
		BALTIMORE YES NO		
0		1923 Wilhelm St. 23		
5. SEX 6. RACE 7. MARRIED NEVER MARRIED		B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min.
MALE WHITE WIDOWED DIVORCED		10-21-1880	81	
10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
Shirt FRONER Shirt MPg.		BALTINGRE MARY U.SA 14. MOTHER'S MAIDEN NAME		
0.0		ANGLIA MILLER - cleceased		
15. Was Deceased Ever in U. S. Armed Farces?	17. INFORMANT	MILLER	- Cleased	
(Yes, no ar unknown) (III yes, give wor or doles af ser	vice) 16. SOCIAL SECURITY NO.	LESTER F. Gu.	MPMAN	1923 WilhelmSt.
18. / 5 3 3	CAUSE OF DEAT	PERITONITIS	DOUTE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		TENITONITA,	Heare	BETWEEN ONSET AND DEATH
(This does not mean the mode of dying,	e.g., (A)IMMEDIATE CAL	A CONSEQUENCE OF:		
heort foilure, osthenia, etc. It means the dis injury or complication which coused deoth.)	ease,			
ANTECEDENT CAUSES	Ft Com	CONCENSE OF:	1 Hosamon	0
DISEASES OR CONDITIONS, if ony,	(B) DUE TO, OR AS	A CONSEQUENCE OF:	Tresignor	
rise to the above cause (A) stoling UNDERLYING CONDITION last.			Color	7
15~3.3 II				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUT				
A DISEASE OR CONDITION GIVEN IN PART 1 (A).	. 400004 004 00000000000000000000000000	100 A	1 000 10 10 10	
WAS PERFORMED	FOR WHICH OPERATION INAL OBSTRUCTION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
	21 B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Baltimore	City, give exoct location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hame, farm, factory, street, a	flice bldg., INJURY OCCUR?		
21D. TIME (Manth) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
₩ OF INJURY (APPROX.)				
VVOIK AT VVOIK				
22. I certify that (I) (this hospital) atten	900 11		19 68 to Feb	19.68
that (I) (we) last saw the deceased alive			at in(my) (aur) apin	ian death accurred an the date
and haur and fram the causes stated aba	ve. (1) (We) (did) (did nat) v	riew the bady after death.		
23A. SIGNATURE	. <	ending Med.		23B. DATE SIGNED
Jehur hua Keareaufelice	and M. DDEGREE Phy	miding Med. Director	Staff Phys.	2-1168
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS The das believed.	Dauens	ARROTTM
24A. BURIAL CREMATION, 24B. DATE 2	DEGREE	EMATORY 24D. U	OCATION (City	y, lawn, or county) (Stotel
REMOVAL (Specify)	/ I	-> V ->	(011)	A /
25A. DATE REC'D BY HEALTH DEPT. 125B. NAME OF REGISTRAR 125C. FUNERAL DIRECTOR ADDRESS -				
25A. DATE REG D DI REALIN DEPI. 258. NA	OF REGISTRAK	CEO. L. SCO	WAD HUNE	1945
VS 150-REV. 1/1/68	Je Strally flat	Arceneis 4. 8	Jeller 2101	mudenck ure

A THURST HOUSE The same of the sa IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/6B

2827 C POWNELL 5 F 12-18-10 47 NO Emple HOMESWIFE DAMMENN LUDWIS STUDERPARE Congadius Jadans Palisanay visiting Hypeardial rajarthan (morrows of the 195CUD

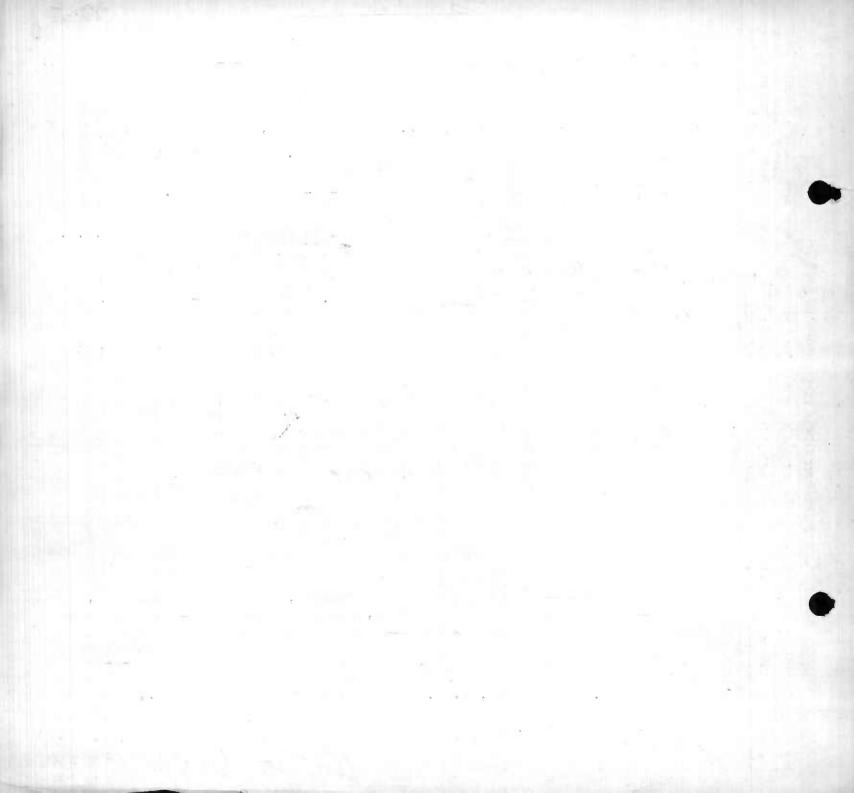
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VS 150-REV. 1/1/68

	Feb 11 106	40		М.
	Feb. 11, 196 4. USUAL RESIDENCE (Where decoosed A. STATE B. COUNTY	lived. If instituti	on: residenc	o bofore odmission)
STREET	Maryland	ok	10-0	6
	C. CITY OR TOWN	D. INSIDE C		
	Baltimore E. STREET AND NUMBER	YES	X	NO [
	11 South Rosedale St	treat		
RRIED	B. DATE OF BIRTH 9. AGE (In lost bigthday)		Under 1 Yr,	If Under 24 Hrs.
RCED	Aug. 18, 1898 69	10/10/	logs	Hours Min.
INDUSTRY		12.	CITIZEN O	FWHAT COUNTRY?
	Balto.		U.S.A	•
	14. MOTHER'S MAIDEN NAME			
	Zizzi			
NO.		Beechwe	ADDI	RESS
140.	Mary Jane Young, Balt			OMCO
OF DEAT		, , , , , , , ,	APPR	OXIMATE INTERVAL
	4		BEIWEE	N ONSET AND DEATH
EDIATE CAL	USE Cerebro Vascular accio	leur	em	mediate.
TO, OR AS	A CONSEQUENCE OF:			
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sperter	LA CONSEQUENCE OF:		10 9	law
-10, OK A3	A CONSEQUENCE OF:			
				· · · · · · · · · · · · · · · · · · ·
TION	20A. AUTOPSY? (Yos or No) 20B. IF YE	S, WERE FINDI	NGS CONS	IDERED
	IN CERTIF	YING CAUSES	OF DEATH	?
JURY (e.g., i	in or about 21 C. WHERE DID (If if fice bldg., INJURY OCCUR?	in Boltimoro City	, givo exoct	lacation)
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URRED	21 F. HOW DID INJURY OCCUI	R?		
Not Whi	lo 🔲			
		te6.	11	1968
12	19 67 ond that in(my)			
	view the bady after death.	(001) = [-	
(010 //01)	The budy differ dealin.	23 B.	DATE SIGN	NED
Ath	ending Mod. Staff Phys.	2	112/68	
OEGREE THY	23D. ADDRESS		, , ,	
		D .		143
DEGREE	5501 Forrest Park Ave	City, to	Wh. or coun	Md (Stote)
IV	AICK SHINERAL SIRESTON	more	, M.	שניי
	PK BALT, 25C. FUNERAL DIRECTOR 4101 Witzke F. D., Balto	Edmonda	n Ave	mie
	witzke r. D., Balto	., Ma. 2	1229	
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VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

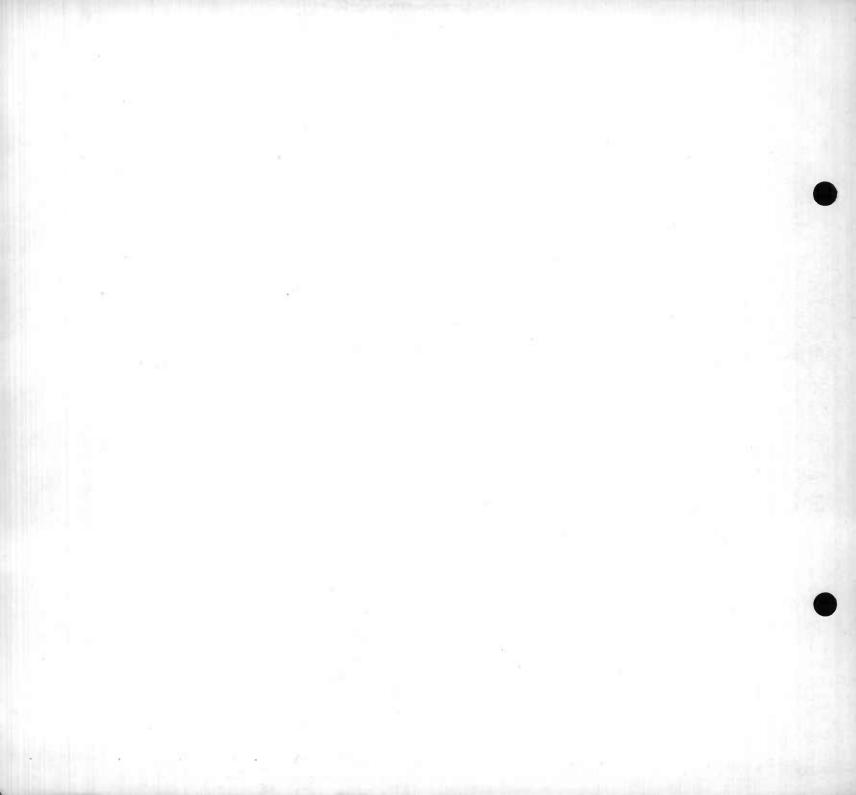


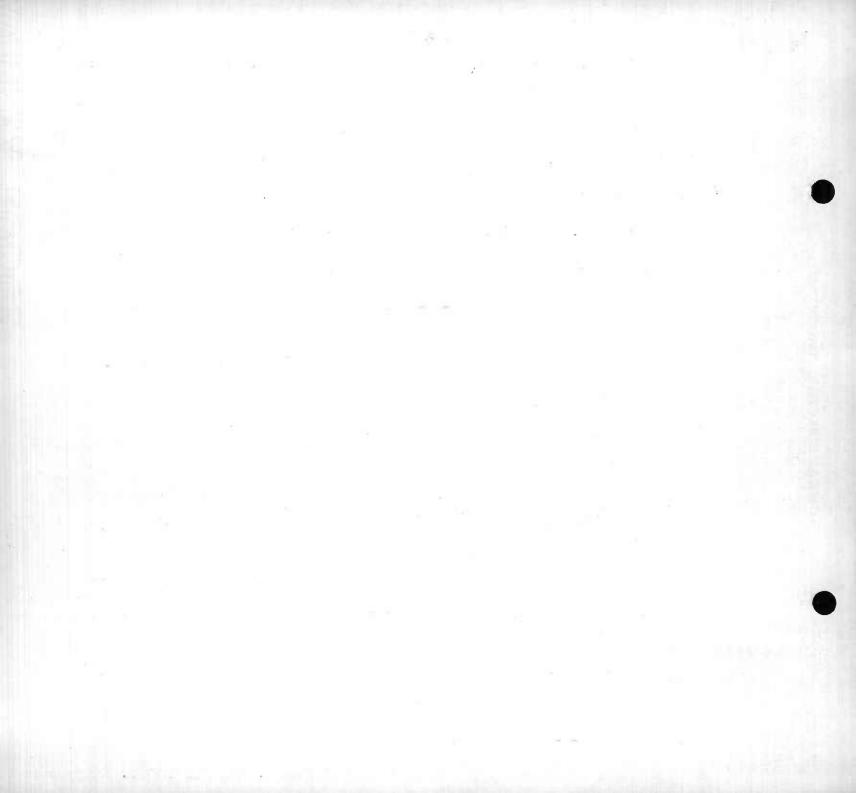
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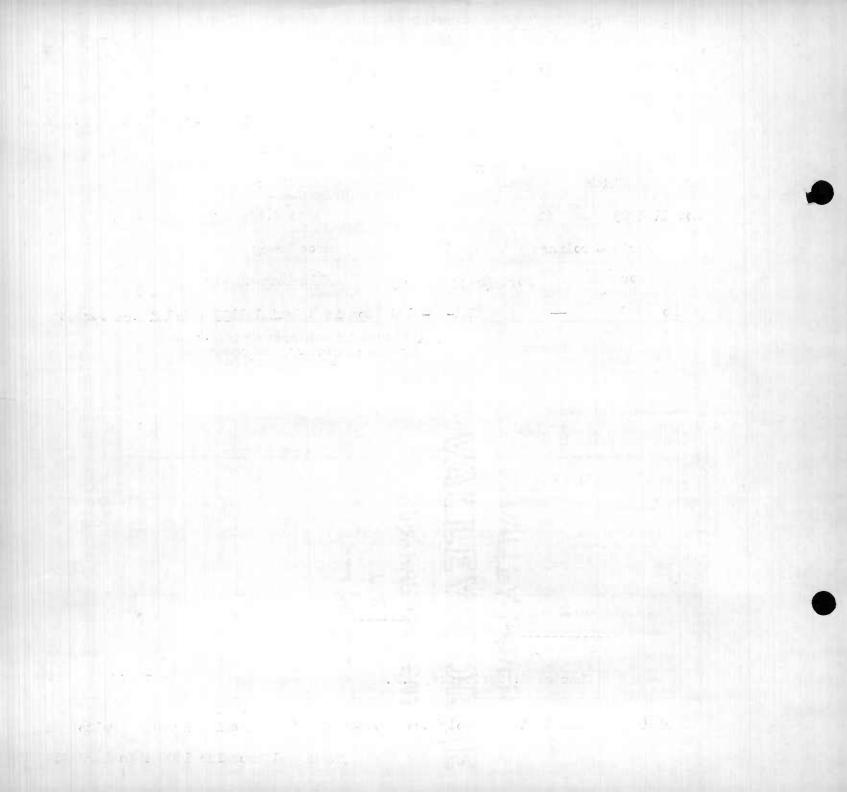
DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B







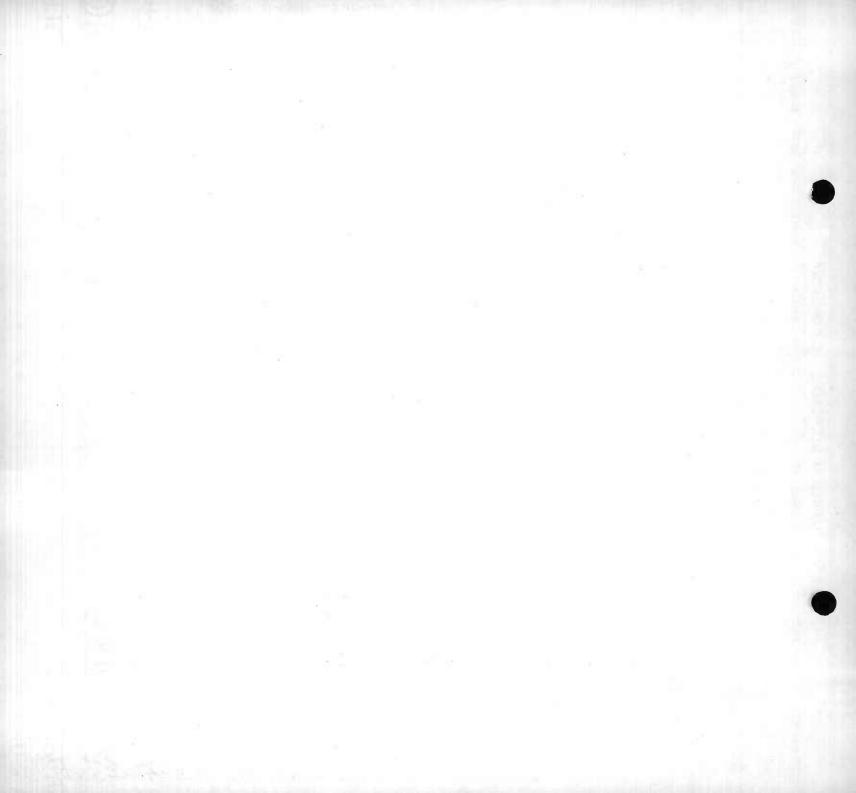
1)-15-	2	4 19429 4	BALTIMORE CITY	HEALTH DEPARTME	NT /	68- 1701
0-60	65	- 1704	CERTIFICA	TE OF DEAT	H REG. NO	00 1704
RTH NO.			CLKTITICA			•
NAME OF DECEASE	-1	7 /		2. DA	TE AND HOUR OF DEATH	P / 1.
Ha	rty J.	Den	ring		4010/108	1 0 H. M.
PLACE IN BALTIMO	DRE, MARYLAND, WI	HERE PRONOUN	CED DEAD /	4. USUAL RESIDENCE A. STATE B.	COUNTY Baltimore	institution: residence before odmission)
JLL NAME OF	(IF NOT IN HOSPITAL		ON, GIVE STREET			
OSPITAL OR		1 /-	timore	Ba Tim		SIDE CITY LIMITS?
Sinoi	Hospit	1700		E. STREET AND NUM		YES NO .
42				3604	oak Ave	
Α .	ACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr. II Under 24 Hrs. Manths! Days Hours Min.
///	White	WIDOWED	DIVORCED	10/28/8	5 lost birthday)	
A. USUAL OCCUPAT ine during most of worki		10B. KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Paper cutt				Baltimore		USA
FATRER'S NAME	,01			14. MOTHER'S MAIDE	NNAME	
Martin De	ehring -	2027	6. SOCIAL	Mary Mye:	r	ADDRESS
es, na ar unknawn) (If	yes, give war ar date:	of service)	SECURITY NO.	W INFORMANT		ADDRESS
NO		2	15-05-7543	Aleine P.De	hring-3604 Oa	ak Avenue #7
18. PA 0 1	1		CAUSE OF DEATI			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE O	R CONDITION DIR	ECTLY				oct with other area bearing
	DING TO DEATH		(A)IMMEDIATE CAU	A CONSEQUENCE OF:	17:5	3 days
	nean the mode of tenia, etc. 11 means		DUE TO, OR AS	A CONSEQUENCE OF:		
	alian which caused					
ANT	ECEDENT CAUSES		Perfor	ration elas	cending Colo	n
DISEASES OR	CONDITIONS, if	ny giving	DUE TO, OR AS	A CONSEQUENCE OF:		
	bave cause (A)			, , , , , , , , , , , , , , , , , , , ,		
UNDERLYING CO	ONDITION last.		(c)			
578X	11					
	NT CONDITIONS CON					
	JT NOT RELATED TO TH	T 1 (A).				188880088000000000000000000000000000000
19A. DATE OF OP	WAS PERF		beritanitia	20A. AUTOPSY? (Yes		AUSES OF DEATH?
	VAS UNDERLYING		LACE OF INJURY (e.g., i	n or about 21 C. WHERE	DID (II in Boltime	are City, give exact location)
OR CONTRIBUTIN	G CAUSE OF	hame,	form, lactory, street, of	fice bldg. INJURY OCC	U R?	ne city, give exact localidity
21D. TIME (M	anth) (Day) (Year)	(Haur) 21 E. II	NJURY OCCURRED	21F. HOW D	ID INJURY OCCUR?	
OF INJURY		While	At Not While	e 🗖		
(APPROX.)		Work	At Work			, , , , , , , , , , , , , , , , , , , ,
22. I certify tho	t (t) (this hospital) ottended the	4	ran 18	1968 to F	06 10 1968.
that (1) (we) los	t sow the decease	d olive on	1-6 6 10	19 6 8	and that in (my) (our) ap	oinion deoth occurred on the date
ond hour ond fro	om the couses stat	ed obove. (I)	(We) (did) (did mot) v	iew the body ofter d	eoth.	
23A. SIGN AT URE	A	1 -	/			238, DATE SIGNED
Benja	men a.	Vienci	EY M. D AHO	ending Med.	Staff Phys.	Feb 10,1968
23C. PHYSICIAN'S		731	DEGREE Phy	s. Director	Phys.	
NAME Type	jamin 1	A.Kr	o psky, mo	SiNai	Hospital of.	Baltimore
A. BURIAL CREMAT	ION, 248. DATE	24C.NAA	AE OF CEMETERY OF CRI	EMATORY	24D. LOCATION	City, tawn, or county) (State)
REMOVAL (Speci		Do 1	rwood Como	tomar	Baltimore M	aryland
Burial A. DATE REC'D BY	2-13-68	25B NAME OF	cwood Ceme	2SC. FUNERAL DIE	Baltimore, M	ADDRESS
FEB 13 19	368 02.0-1	230 TANGE OF	7.0			
160 BEV 3/2//2				Ellsworth	Armacost-460	00 Liberty Hghts, A
150-REV. 1/1/6B						

PART STORY WO -- SAUGE IN THE

I. Pen

FUNERAL DIRECTOR: IMPORTANT

111)-6	20	00	AMOR		Y HEALTH DEPART			CP.	1705
DIDYLL ALO		68-	1/05	CERTIFICA	ATE OF DEA	ATH	REG. NO	007	1700
BIRTH NO.	CFASED .		- /				HOUR OF DEAT	Н	
(Type or Print)	/	1 a a a a	- 6	111200-	2.	1			
		MARIC	6.	WOEKZ	_	\sim \sim	11-68		
3. PLACE IN B	ALTIMORE, MARY	LAND, WHERE	PRONOUNG	CED DEAD	4. USUAL RESIDER	B, COUNTY	eceosed lived. If	institution: reside	nce before odm
					MAR	1. /2.1	/	d	The same
FULL NAME O	F (IF NOT II	OR LOCATION	R INSTITUTION	ON, GIVE STREET	11148	4 MANO			1
INSTITUTION	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				C. CITY OR TOWN	11	D. IN	SIDE CITY LIMIT	
		0//	01		13AL	Timo.	Rel	YES	NO
	G. F	25			E. STREET AND N		401		
00	800 E	. 30			8 Kg /	- 25	-1-		
5. SEX	6. RACE	To.	-		B. DATE OF BIRTH	-00	GE (In years	II Under 1 Y	r. If Under 2
J. 3EA	O. RACE	/ . W	ARRIED X	NEVER MARRIED	D. DATE OF BIRTH		birthdoy)	Months Doy	
Female	2 (1)h1	to WI	DOWED	DIVORCED	11-4-18	87	78		
IOA. USUAL OC	CUPATION (Give A	kind of work 108.	KIND OF BU	ISINESS OR INDUSTR	Y 11. BIRTHPLACE (SH	tote or foreign	country)	12. CITIZEN	OF WHAT CO
done during most	of working life, even	if retired)			Rail	/ m	1	115	20
Sean	ISTRESS	5			DALT	0,110		us	X
13. FATHER'S N	AME				14. MOTHER'S MA	IDEN NAME			
	111. 1	-	//		1111	1			
	JAUI.	LISEN	LONK	,	INKI	VOUN			
15. Wos Deceas	ed Ever in U.S. / wn) (If yes, give w	Armed Forces?	1 6	SOCIAL	17. INFORMANT			AD	DRESS
(Tes, no or unknow	viii yes, give w	yor or dates of	service/	SECURITY NO.	11.11.	61	11	n	
			21.	5-05-0130	WILLA	m σ , u	JOERZ.	-U/+MC	
18. day	10.01			CAUSE OF DEA	тн				PROXIMATE INTE
DISE	ASE OR CONDI	TION DIRECT	LY					DC 1 VV	EEN ONSET AND
	LEADING TO				Coromo	eru Shi	emboses	1.1	a my cried
(This does	nat mean the	made of dyin	ia, e.a.,	(A) IMMEDIATE CA	A CONSEQUENCE OF	2	01100 6 - 02	······································	
heart foilur	e, aslhenio, elc.	It meons the	disease,	DOL 10, OK A.	A CONSEQUENCE OF				
injury or c	omplication whic	h caused deat	h.)		à Vascula S A CONSEQUENCE C				
rise to	OR CONDITION The obave cau NG CONDITION	use (A) stoti		(c)					
OTHER SIGN	NIFICANT CONDITI ATH BUT NOT REL. CONDITION GIVE	ATED TO THE TEL	RMINAL						
	OF OPERATION	198. CONDITIO	N FOR WHI	CH OPERATION	20A. AUTOPSY?	(Yes or Na) 2	B. IF YES, WER	E FINDINGS CO	NSIDERED
E		WAS PERFORM	ED		1111	11	N CERTIFYING	CAUSES OF DEA	TH?
19A. DATE	ENT WAS UNDE	PI YING	21 R PI	ACE OF INTIDATE	in or obout 21C. WHE	PF DID	III in Rollin	nore City, give exc	at leastion)
OR CONTRE	BUTING TO CAUS	E OF	home,	form, foctory, street,	office bldg., INJURY O	CCUR?	in in boilin	note City, give exc	oct locollon,
DEATH (not	ify medical examin	n er)	etc.)						
0 21 D. TIME	(Month) (Day	y) (Yeor) (Ho	our) 21 E. IN	JURY OCCURRED	21 F. HOW	DID INJURY	OCCUR?		
2 OL HAZOKI			While	At Not Wh	ile 🗂				
(APPROX)			Work	At Worl					
22. I certi	fy that (1) (this	hospital) att	ended the	deceosed from	1953	19	to	Feb- 11	19.4
	e) lost sow the			Fef 7	1968			miniam Jasah	
11101 (1) (W	s, IVST SOW THE	decensed of	1 V & OIT	2		ona that	n(my/ (aur) o	pinion deoth o	courred an th
and hour a	nd from the co	uses stoted o	bove. (I) (\	We) (did) (did not)	view the bady ofte	er deoth.			
23A. SIGNA	TURE 1	40 0			1 -			23 B. DATE SI	GNED
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	1000	IN loca	VIOL	DEGREE Ph		tor L Phy	s. 🗀	1-11	1/96
23C. PHYSIC NAME					23D. ADDRESS				,
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244 8118141 6	DELA ATION TO 10	DATE	10.40 MACC	OEGRE!		D4D 100	71011	(C:)	-1.)
24A. BURIAL C REMOVAL		DATE	Z4C. NAM	E of CEMETERY or C	A	24D. LOCA	HON	(City, town, or co	unty) (S
	(apecity)	,		11					
Ruge	1 2.	-14-68	1100	AL Allinil	pmetable	1/5	1/Lim	IRP MI	
BURIO	L 2.	-14-68 IEPT. 1258.	Woo NAME OF	ODLAWN (PMETERY 25C. FUNERAL	DIRECTOR	Ltime	re, Md	ADDRESS
BURIO	ch 2.	-14-68 PEPT. 258.	NAME OF		PMETERY 25C. FUNERAL	DIRECTOR	Ltime	Re, Md	ADDRESS
BURIO	L 2.	-14-68 PEPT. 258.	NAME OF		emetery 25C. FUNERAL Ellsum	DIRECTOR A	Ltime	1-4600L	ADDRESS IDERTIL



CO.				
MIDTU NO	- 1706 CERTIF	ICATE OF DEATH	REG. NO	68-1706
INAME OF DECEASED Type or Print)	A Huda	2. DATE AND	HOUR OF DEATH	
FULL NAME OF IF NOT IN HOSPITAL OR ADDRESS OR LOCA	A MENDE	4. USUAL RESIDENCE (Where A. STATE B. COUNT	Υ	DE CITY LIMITS?
4101 Pen	hurst Ave	E. STREET AND NUMBER	ore 1	YES NO NO
SEX 6. RACE	7. MARRIED NEVER MARRIE	1880	AGE (In years ast birthday)	If Under 1 Yr. If Under 24 Hr. Months Days Haurs Min.
Pemale White OA. USUAL OCCUPATION (Give kind of work) one during most of working life, even if retired)	WIDOWED DIVORCES	- I I I I I I I I I I I I I I I I I I I	n country)	12. CITIZEN OF WHAT COUNTE
AT Home		IN OIANA.	F	USA
	Coss	ELIZAbeta	Mitten	
5. Was Deceased Ever in U. S. Armed Farc Yes, no at unknown) (If yes, give war at dates	es? 1 6. SOCIAL	17. INFORMANT		Ruxton Rd
18. 50.91	CAUSE OF	DEATH // // // // // // // DEATH	e11- 7-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASES OR CONDITIONS, if or tise to the above cause (A) UNDERLYING CONDITION lost.	stoting the (C)	OR AS A CONSEQUENCE OF: The	elitur.	
= 10 THE DEATH BUT NOT RELATED TO TH	IE TERMINAL			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	E TERMINAL 1 (A). DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION 19B. CONE WAS PERFORM OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	IE TERMINAL 1 (A). DITION FOR WHICH OPERATION ORMED 21 B. PLACE OF INJURY	20 A. AUTOPSY? (Yes ar Na) (e.g., in ar about 21 C. WHERE DID teet, office bidg., NJURY OCCUR?	IN CERTIFYING CAL	SET OF DEATH? City, give exact location)
10 THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION WAS PERFORM OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	E TERMINAL 1 (A). 21 B. PLACE OF INJURY home, factory, stretc. (Hour) 21 E. INJURY OCCURRE While At	(e.g., in at about 21C. WHERE DID reet, office bidg., INJURY OCCUR?	(If In Baltimore	JSES OF DEATH?
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 199A. DATE OF OPERATION 199B. CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this haspital)	CHOUND 21 E INJURY OCCURRE While At No Note that No Note that	21c. WHERE DID (e.g., in or about 21c. WHERE DID (reet, office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	(If In Boltimore	JSES OF DEATH? • City, give exact lacation)
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IO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION 19B. CONE WAS PERFORM OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21 D. TIME (Manth) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) that (I) (we) last saw the deceased	E TERMINAL 1 (A). 21 B. PLACE OF INJURY home, farm, factory, stretc. (Hour) 21 E. INJURY OCCURRE While At Nawark Na	21C. WHERE DID (e.g., in ar about 21C. WHERE DID (reet, office bidg., INJURY OCCUR? 21F. HOW DID INJU (While Wark 19 and the mot) view the bady after death. Attending Med. (Director)	(If In Boltimore	JSES OF DEATH? • City, give exact location) HO
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TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION 17B. CONE WAS PERFORM OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) that (I) (we) last saw the deceased and haur and from the causes state 23A. SIGNATURE	IE TERMINAL 1 (A). 21 B. PLACE OF INJURY home, form, factory, street., (Hour) 21 E. INJURY OCCURRE While At	21C. WHERE DID reet, office bidg., NJURY OCCUR? 21F. HOW DID INJU 14 While 15	(If In Baltimore	JSES OF DEATH? • City, give exact lacation) Mo 19 Ilan death accurred on the da
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION 19B. CONE WAS PERFORD OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year) OF INJURY (APPROX.) 22L. I certify that (I) (this haspital) that (I) (we) last saw the deceased and haur and fram the causes state 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) BURIAL 2-16-68	(Hour) 21E INJURY OCCURRE While At North At At North At	21C. WHERE DID reet, office bidg., NJURY OCCUR? 21F. HOW DID INJU 14 While 15	IN CERTIFYING CAL (If In Boltimore RY OCCUR? 9 67 to 7 t in (my) (mr) apir Phys. H3 b Manne	OSES OF DEATH? City, give exact location) 19 Inlan death accurred an the death accurred and the death accurred

Written Statement from Physician,
Dr. Nathan E. Needle 2-14-68 M.H.

Birth Cert. of daughter C-25009 -2-19-1922

Type or Print)	CLIFTON	WRI	GHT	2	DATE AND HOUR OF	68	645A
FULL NAME (HOSPITAL OR INSTITUTION	OF (IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITU (ATION)	TION, GIVE STREET	C. CITY OR TOWN	IORE	D. INSIDE CIT	y LIMITS?
201	AEIOHO A			3331	ALTO, Rd.		
SEX M	6. RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	- 11	9. AGE (In yellost birthday) 67	ors If Ur Mont	nder 1 Yr. If Under 24 H hs Days Hours Min.
	CCUPATION (Give kind of wo of working life, even if retired)		BUSINESS OR INDUST	RY 11. BIRTHPLACE (S	tate or foreign country)	12. C	U.S.A.
3. FATHER'S N	IAME			14. MOTHER'S MA			
C:	harles			Jen	nie		
5. Was Decear Yes, no or unkno	ed Ever in U. S. Armed Fo wn) (If yes, give war or do	tes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
				Vernon	Wilson 333	1 Alto	Rd
(This doe:	ASE OR CONDITION D LEADING TO DEATH not mean the mode of the, ostherio, etc. It meon complication which cause ANTECEDENT CAUSE	f dying, e.g., s the diseose, d deoth.)	(A) IMMEDIATE C	AUSE PNEUM AS A CONSEQUENCE O	ONIA.		DAYS
OTHER SIG	LEADING TO DEATH in not mean the mode of the control of the course of th	of dying, e.g., s the diseose, d deoth.) ony, giving stoting the	(B)	AS A CONSEQUENCE)F:		DAYS
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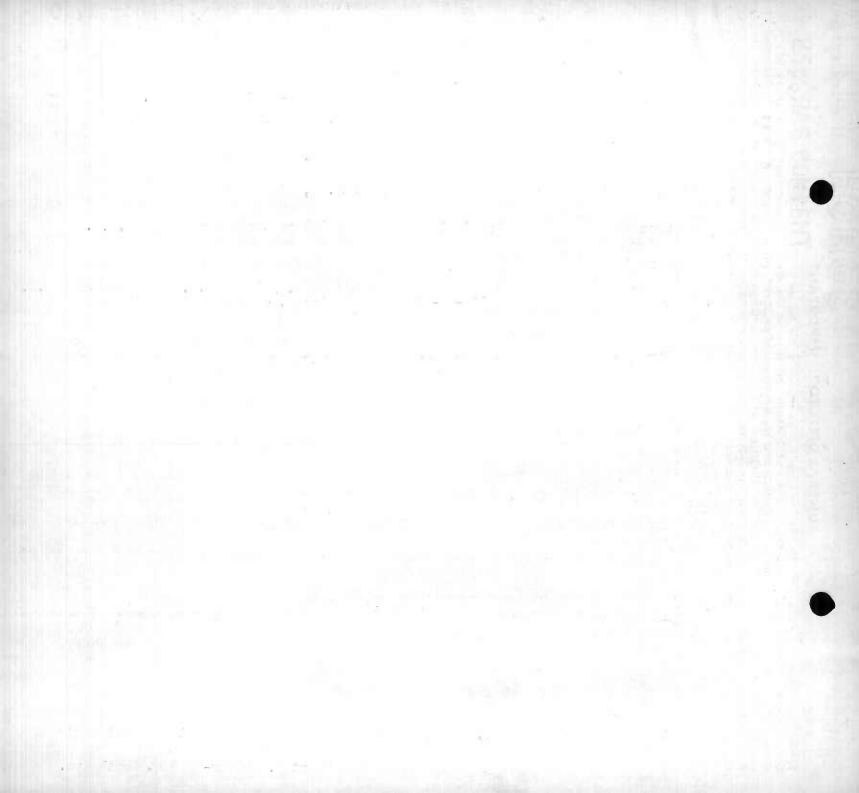
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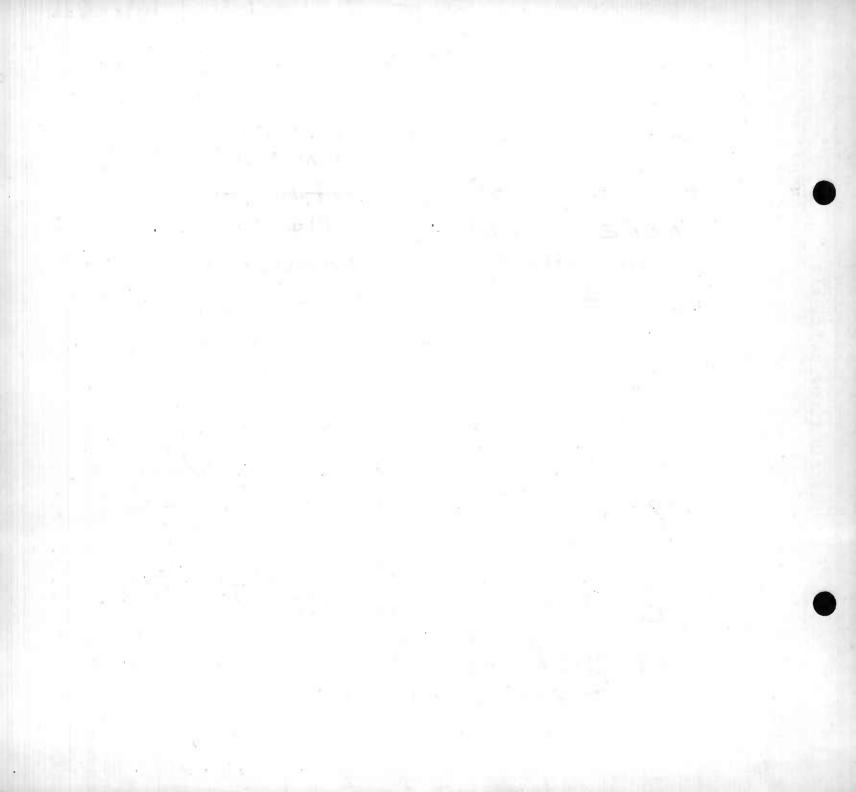


BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

4. USUAL RESIDENCE (Where doceosed lived, if institution; residence before admission) D. INSIDE CITY LIMITS? NO If Under 1 Yi. If Under 24 His. Months! Doys 12. CITIZEN OF WHAT COUNTRY? HARRING TON ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (our))oplnian death occurred an the date 23 B. DATE SIGNED (City, town, ar county)



Interest A. H. M. D.

2.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No
	No
228. PLACE OF INJURY (e.g., in or about NUMBERLYING OR CONTRIB-UTING CAUSE OF DEATH. 228. PLACE OF INJURY (e.g., in or about Number City, give Number City,	e exact location)
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) WHILE AT NOT WHILE AT WORK AT WORK	
1 certify that I held an Inquiry I Inspection X Autopsy and that on this basis, death in	my opinion
resulted from: Notural causes 🖾 Accident 🗌 Suicide 🔲 Hamicide 🔲 Undetermined mann	ner 🗌
ACTUAL SIGNATURE Charles ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
ACC COLATE ASPRICAL EVALUATED	ebruary 11, 1968

24D LOCATION

25C. FUNERAL DIRECTOR

Baltimore,

MORTON & DYETT F.H. 1701 Laurens St.

(City, town, or cauniy)

ADDRESS

(State)

Maryland

24C. NAME of CEMETERY or CREMATORY

NAME OF REGISTRAR

Mount Auburn Cem.

REMOVAL (Specify)

Burial

24A. BURIAL CREMATION,

25A. DATE REC'D BY HEALTH DEPT.

24B. DATE

2-13-68

THE SHOEL SEMPRES OF XXXX

Chimian it. Springsin, v.D.

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N.H.

0-11/2		В	ALTIMORE CITY	HEALTH DEPARTMENT		68- 1715
BIRTH NO. 7	68	1715 0	FRTIFICA	TE OF DEATH	Reg stered No	00 1110
M.E. CASE NO.		1/10	LKTII IC/			
1. NAME OF DECEASI		11.	1		AND HOUR OF DEATH	
(0)	Frield .	MYRTO	EE CL	-1.11.01.1	12 - 68	3.00 AM
3. PLACE OF DEATH	IN BALTIMORE, MARYLA	ND		4. USUAL RESIDENCE	Where deceased lived. If in OUNTY	stitution: residence before odmission)
FULL NAME OF	(If not in hospital or in	stilution, give stree	el	Marylan.		
HOSPITAL OR	oddress or location)					RURAL and give township)
20	11.00	SO BO	1614050	Baltmore		15-13
13/14/	140SB. 0	of Ton	TIME		(If rural, give location)	
				2535 QC	canfee A	ve #15
5. SEX 6. R	ACE 7. /	MARRIED, NEVER	MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
F			and the same of th	5-19-1909	9 50	Williams Doy's Hours Williams
INA. USUAL OCCUPAT	TION (Give kind of work 10 B.	KIND OF BUSINE	SS OR INOUSTRY	11. BIRTHPLACE (Stote or		12. CITIZEN OF
done during most of worki				0 . 1	W)	WHAT COUNTRY?
None				DA Himore,	MARYLAND	U.S. A.
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	
2/20	K Edw	avas		1:11.0	adams	
15. Was Deceased Eve	in U. S. Armed Forces?	16.500	TAL	17. INFORMANT	01017.113	ADDRESS
(Yes, no or unknown) (If	yes, give war or dales of		URITY NO.	N. 1.4		0 1'
NO.				Mrs. Murtle	terguson	2535 QUANTIC
1B.	9		CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE C	R CONDITION DIRECT	ILY				ONSET AND DEATH
LEA	DING TO DEATH		(A) Car	du resp	Arrest HI	1 - 2 hes.
	neon the mode of dyi		DUE TO		***************************************	
	ienia, otc. Il meons the ation which caused dea		. 1	0 11 0		
ANT	ECEDENT CAUSES		(B) A	SHD		5-8 915.
	CONDITIONS, if ony, bove couse (A) slo		in le	ulles	1	38 yes.
UNDERLYING C		mig me	10/			
- 260X	11	11111				
OTHER SIGNIFICA	NT CONDITIONS CON	TRIBUTING	0 :			
E TO THE DEAT	H BUT NOT RELATED	TO THE	Chap	me Rean	2 knowfy	e
19A. DATE OF OP	ERATION 198, CONDITION	ON FOR WHICH		20 A. AUTOPSY? (Yes or	No. 208. IF YES. WERE I	FINOINGS CONSIDERED
19A. DATE OF OP	WAS PERFORM	MED			IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDENT V	VAS UNDERLYING	21B. PLACE	OF INJURY (e.g., i	n or obout 21 C. WHERE DII	O (If in Boltimore	City, give exact location)
OR CONTRIBUTING		home, lorm,	foctory, street, o	ffice bldg., INJURY OCCUR	?	
O						
OF INJURY	onth) (Doy) (Year) (H		OCCURRED		INJURY OCCUR?	
(APPROX.)		While AI	Not Whi	e		
22 1	. (1) (4) (4) (4) (4)				10/0 . 7	12 1968
	t (I) (this haspital) at					
that (I) (we) las	t sow the deceased o	live on		19	that in(my) (our) opi	nion death accurred on the date
and hour and fro	m the couses stated	obove. (I) (We) (did) (did not)	view the body ofter deo	th.	
23A. SIGNATURE						23B. OATE SIGNED
	11111 -		M.D. All	ending Med.	Stoff	2-12-68
22C BHYSIGIAARS			Phy	23D. AODRESS	Phys.	
23C. PHYSICIAN'S NAME (Type)					SB. Of Balt	
	EDITO C.	GALLE	× M.D.	JIII IN 1900	Sp. of Isall	
24A. BURIAL CREMAT		24C. NAME of	CEMETERY OF CR	EMATORY 24E	D. JOCATION (Ci	ly, lown, or county) (Slote)
REMOVAL (Speci	0 1- 10	1 0. 6.	M	Fr	Kaltino	Marchand
DURIAI	1-15-60		us /len		Da Himore,	1 HTY INNO
25A. DATE REC'O BY	HEALTH DEPT. 258	NAME OF REGIS	AL N	25C. FUNERAL DIREC	11-11	ADDRESS
LED 7	1200 11/2	C. Call) That	MORTONE	Dyett +. H	. 1/101 LAGREW
VS 150-REV. 1/1/65					(

Shrack Edwards

Boltman, Maryland " Lille adams

2 19-1909 ST

Ms Myrale terque of the Market

Englas I and Ashara jam mer Dandon y Marchand Horachers

11/= 10/11				
IRTH NO.	1716 CERTIFICA	TE OF DEATH	Registered Na.	68-1716
A.E. CASE NONAME OF DECEASED			D HOUR OF DEATH	
Type or Print)	Th	2. DATE AN	- // /(0 . 045
PLACE OF DEATH IN BALTIMORE, MARYL	100m93	<i></i>	11 - 60	8 7.1
PEACE OF DEATH IN BALLIMORE, MARIE	AND	A. STATE 8. COUN	TY	nstitution: residence before admission
FULL NAME OF (If not in haspital or in	nstitution give street	Maguelance	1	
HOSPITAL OR oddress or location)	give since	C. CITY OR TOWN	side city limits, write	RURAL and give fownship)
INSTITUTION		11.	0.	18-131
	1 1 11	D. STREET ADDRESS (III	ruiol, give location)	19 41
1 unala Manael	al Marie du Ha	00011/		15/24
LINCOIN TIEMONO	11 /VURSING ITOM		KING TON	of Ree!
	WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE In years lost birthdox	Months Doys Hours Min.
m ('	married	12/29/88	79	
A. USUAL OCCUPATION (Give kind of work 108	R KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF
one during most/of working life, even if retired)	1 11	1 1/		WHAT COUNTRY?
unknown	Unknown	unkn	own	linknown
FATHER'S NAME		14. MOTHERS MAIDEN NAM	ME	
17 /		1. 1	1)
. Was Deceased Ever in U. S. Armed Forces?	2 114 505141	17 INFORMANIA	nown	ADDRESS
es, no or unknown) (If yes, give wor or dotes of	f service) 16. SOCIAL SECURITY NO 258-	17. INFORMANT	7.	ADDRESS
? linkame	m 03-0910	Mrs 16 home of	ave 11	10 (Spument A)
18.44	CAUSEO	F DEATH	000	INTERVAL BETWEEN
77017			1	ONSET AND DEATH
DISEASE OR CONDITION DIRECT	TLY //	11	/ /	
(This does not mean the made of dyi	(A) CO/	conary In	rombosi	
heart failure, astheria, etc. It means the	119, 4.9.,			
		//		
injury ar camplicolian which caused dec		0		100
	olh.)	0		
ANTECEDENT CAUSES	olh.) (B) DUE TO	0		
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ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any,	olh.) (B) DUE TO , giving	- U		
injury ar camplication which caused dec ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) sta UNDERLYING CONDITION last.	olh.) (B) DUE TO , giving	<u></u>		
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DISEASES OR CONDITIONS, if any, rise to the above cause (A) sto UNDERLYING CONDITION last.	(B) DUE TO , giving aling the (C)			
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DISEASES OR CONDITIONS, if any, rise to the above cause (A) sto UNDERLYING CONDITION lost.	OTO THE	20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
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Injury ar camplication which caused dec ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) sto UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION CAUSING IT. 21A. ACCIDENT WAS UNDERLYING CONDITION CAUSING IT. 21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Doy) (Year) (HOPPROX.) 22. I certify that (I) (this haspital) at that (I) (we) last saw the deceased and haur and fram the causes stated 23A. SIGNATURE	OIH.) (B) DUE TO DUE TO ITRIBUTING TO THE ON FOR WHICH OPERATION MED 21B. PLACE OF INJURY (e.g., in the content of the	21F. HOW DID INJ	(If in Boltimor. URY OCCUR? 19 68 ta 40 at in (my) (aur) apl	e City, give exact locotion) 19 Inian death accurred an the date 23B. DATE SIGNED
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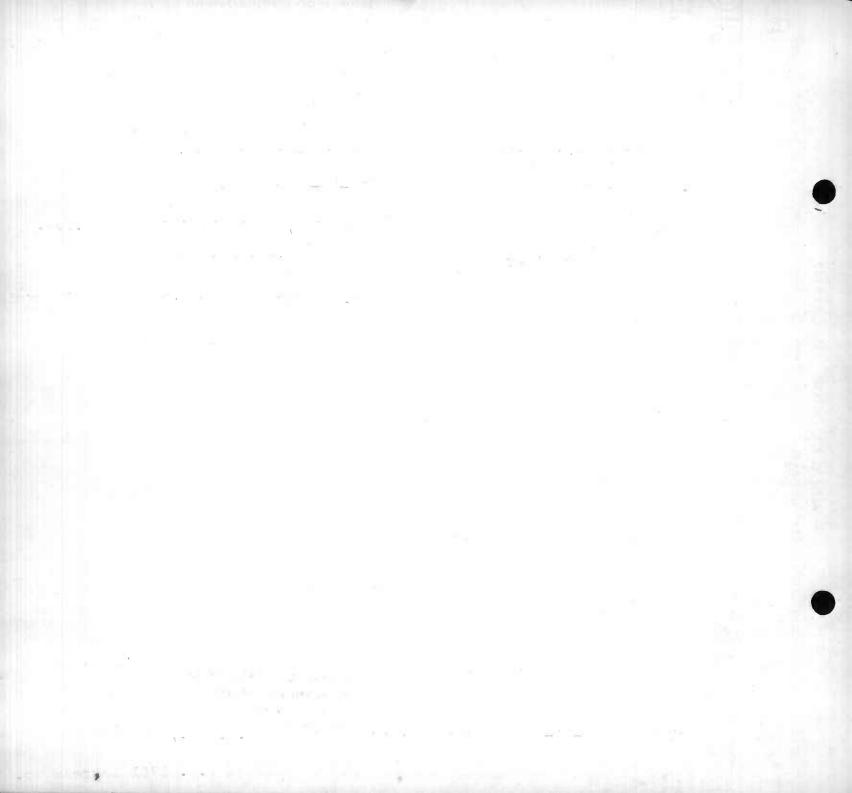
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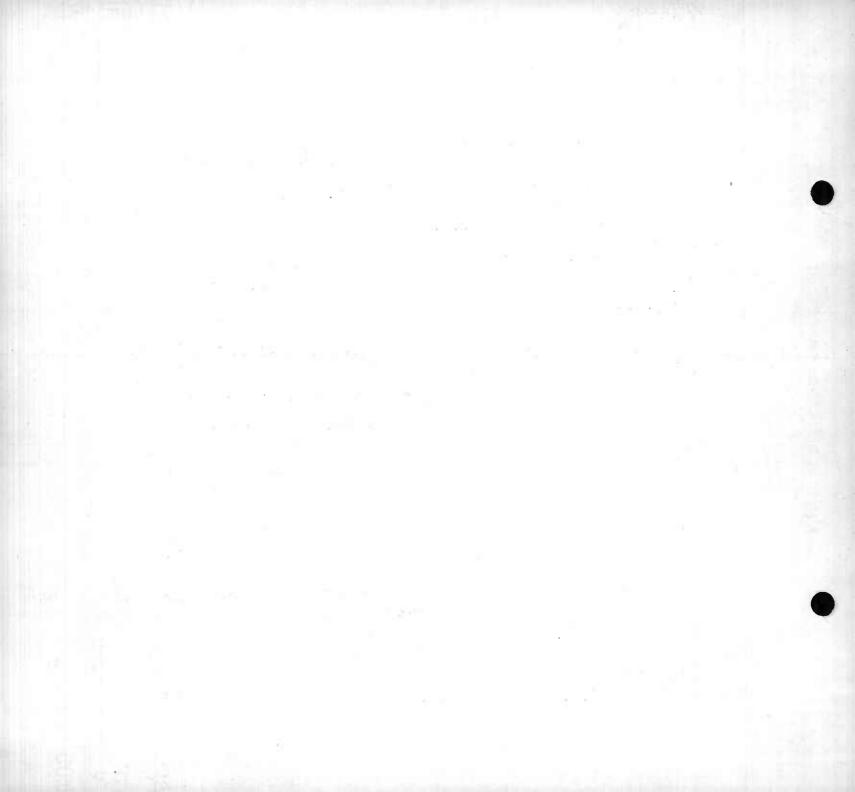
FUNERAL DIRECTOR: IMPORTANT

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SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1	Yr. If Under 24 H
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			BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote at fo	oreign country)	12. CITIZEN	OF WHAT COUNT
NONE	of working life, even if retired	d)		CAMDEN CO.,	s.C.		U.S.A.
. FATHER'S	NAME			14. MOTHER'S MAIDEN N	AME		
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	sed Ever in U. S. Armed	Forces?	1 6. SOCIAL	17. INFORMANT		Al	DDRESS
es, no or unkno	own) (If yes, give wor or d	lotes of service)	SECURITY NO.	Mr. Thurmon	Tillett	2563 Mc	Culloh S
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VS\$150-REV. 1/1/6B



VS 150-REV. 1/1/6B



IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) D. INSIDE CITY LIMITS YES V NO If Under 24 His. If Under 1 Yr. Months: Days Hours 12. CITIZEN OF WHAT COUNTRY? Frederick Lehman 610 APE win Ave APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location) ond that in(my) (our) opinion death occurred on the date 23B. DATE SIGNED 9-1968 HOSPITAL (City, town, or county) Carroll County Maryland INC. VS 150-REV. 1/1/6B

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UG 1/21 CERTIFICA	TE OF DEATH REG. NO.	
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T, NAME OF DECEASED	2. DATE AND HOUR OF DEATH	11 0
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3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution A. STATE B. COUNTY	on: residence before odmission!
	m 1	11-0
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	11)d.	
INSTITUTION	C. CITY OR TOWN	
	BA HONORE YES	NOL
07 m	E. STREET AND NUMBER	E 1
3/ Mercy Hospital	517 CAThedRAI	5+.
S. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If U	Inder 1 Yr. , If Under 24 Hrs.
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10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or loreign country) 12,	CITIZEN OF WHAT COUNTRY?
done during most of working life, even it retired)	The state of total of	CHIZZH OF WHAT COOKING.
HOUSEWIFE CWN HOME	Lester Penna.	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	0 . 0	
JOHN J. CRONIC	ANNIE Rule	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT	ADDRESS
	MRS. F. PORTER KEEN,	40 GORSUGIA
No 201-03-792	71	APPROXIMATE INTERVAL
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(B)	S A CONSEQUENCE OF:	11 9845
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DIRECTOR:

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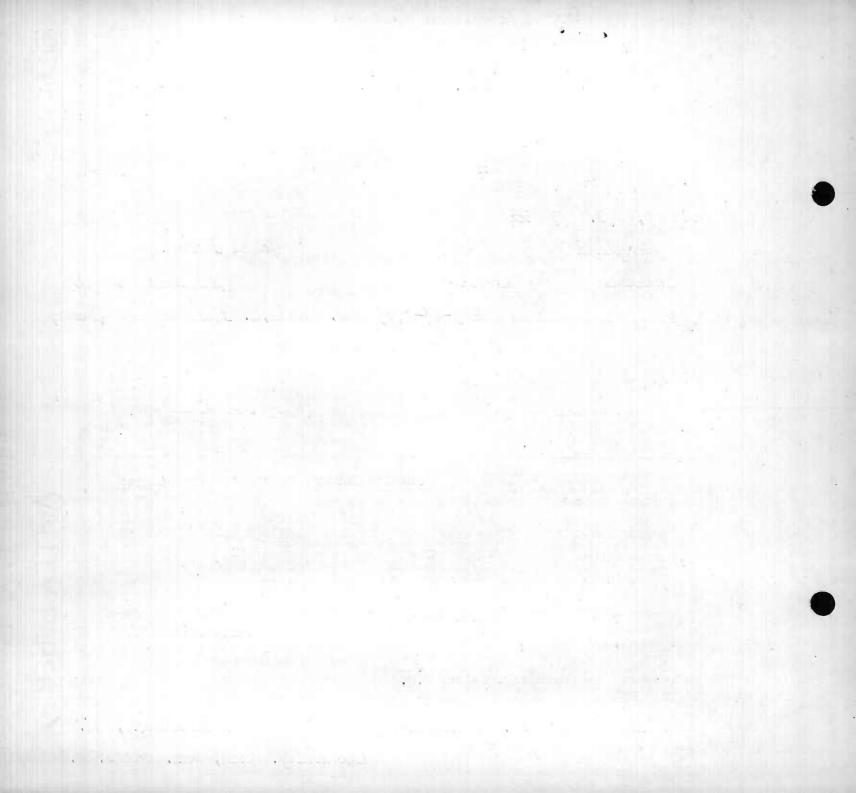
D. INSIDE CITY LIMITS? NO If Under 24 Hrs. If Under 1 Yr. 12. CITIZEN OF WHAT COUNTRY? MCG VINE BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 68 and that in (my) (aur) opinion death occurred an the date 23B. DATE, SIGNED 23D. ADDRESS The Union Memorial Hospital (City, town, or county) Balto .Co., Md. H.W. Jenkins & Sons Co. 4905 ORK RD Balto 12, Md.

THE STATE OF STREET 779 182-25 CHRYKNEH 200 1 271104 WARTER ATTENDE ACS BREED The second second ASSESSED & SAMELY IN 2 .. 2 DAVE DE PROFESSIONELL D H BRANCATE

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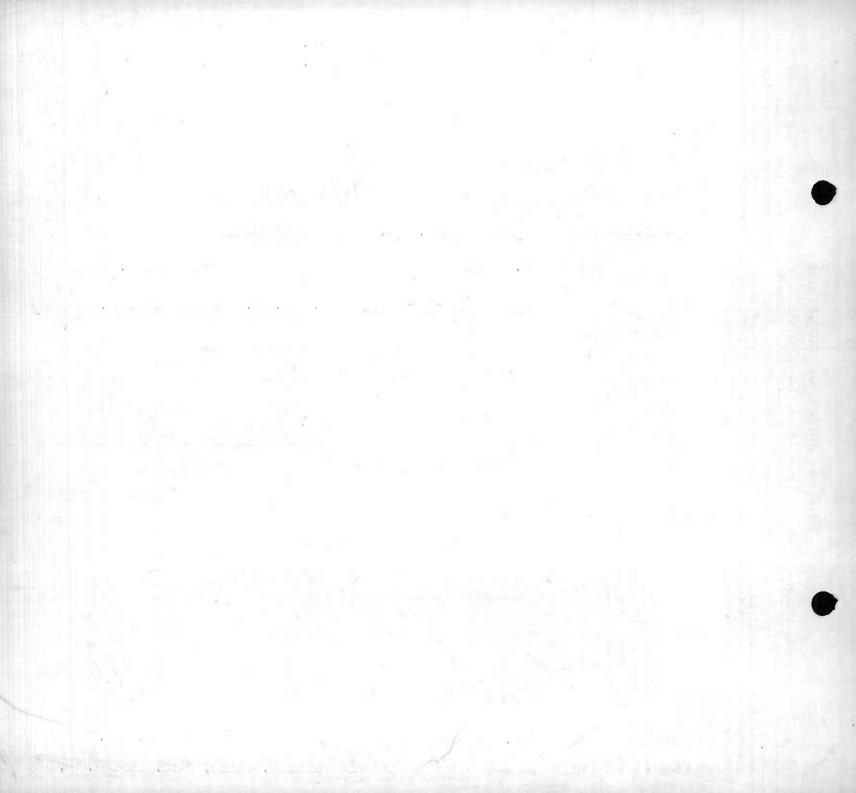
BALTIMORE CITY HEALTH DEPARTMENT

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BALTIMORE CITY HEALTH DEPARTMENT

Was VS 150-REV. 1/1/68 4. USUAL RESIDENCE (Where deceased lived. If institution: Asidence before admission)
A. STATE
B. COUNTY D. INSIDE CITY LIMITS? YES 4 NO If Under 24 Hrs. If Under 1 Yr. Months: Doys Hours 12. CITIZEN OF WHAT COUNTRY? Alabama V. BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Baltimore City, give exact location) 19 opinion death occurred on the date 23B. DATE SIGNED Baltimore. Md. Balto.Md. 21214 Ruck, Inc.



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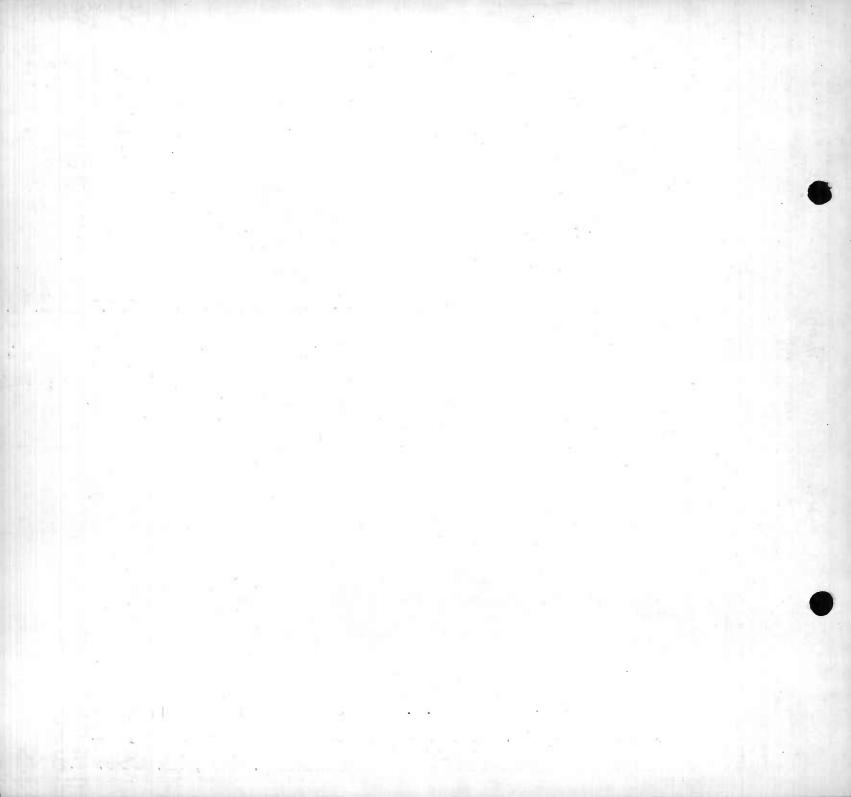
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BALTIMORE CITY HEALTH DEPARTMENT

PARTY PC I TRIMP FURTY 1955-E Jacob Franchis Walnut Commence

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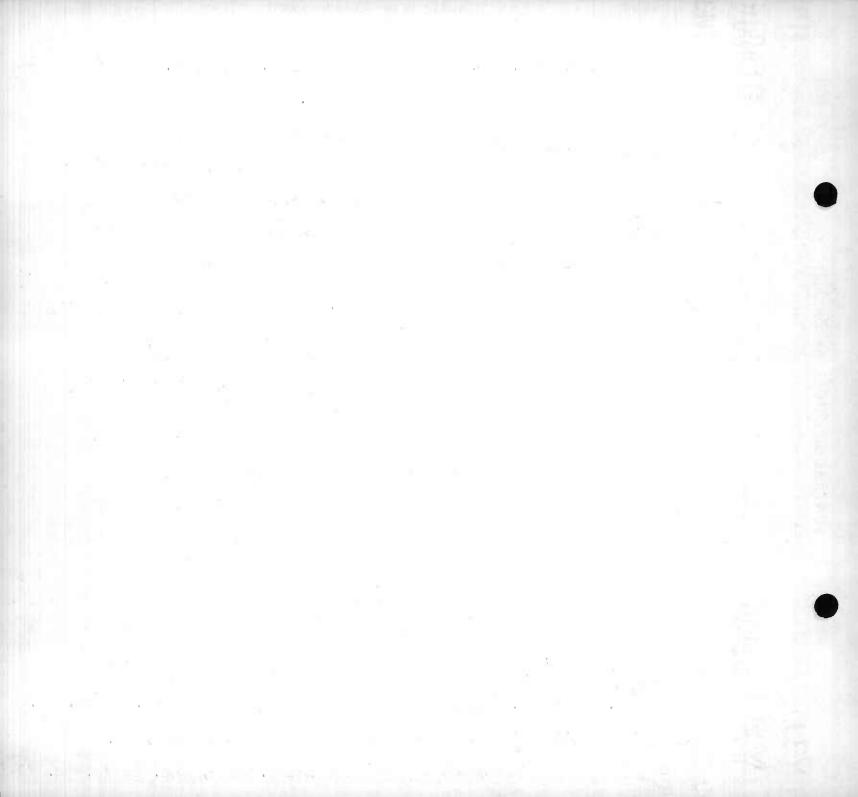


This certificate must be appraved by the chief medical examiner ar his assistant if death accurred in a hospital and

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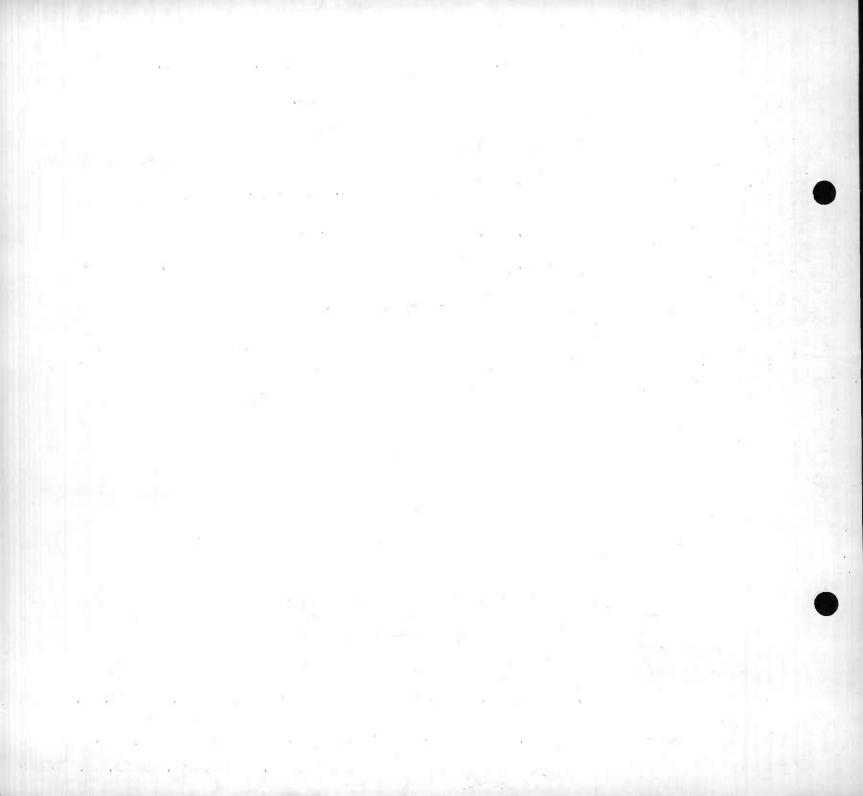
FUNERAL DIRECTOR:

M-225	BALTIMORE CITY	HEALTH DEPARTMENT		68- 1730
68- 17	30 CERTIFICA	TE OF DEATH	REG. NO.	00. T/90
I, NAME OF DECEASED			ND HOUR OF DEATH	
(Type or Print) Sallie D. 1	Madison	Feb.	11, 1968.	1:41 Am.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	A. STATE AA F B. COUN	ere deceased lived. If ins	titution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTIT	UTION, GIVE STREET	///d.	D INCIP	DE CITY LIMITS?
INSTITUTION		01,.	D. INSIL	YES NO
5507 Richard Ave	enue	E. STREET AND NUMBER		TES DE MOL
			5507 Rich	hard Avenue
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. Il Under 24 Hrs. Months! Doys Hours Min.
temale White WIDOWED		May 3, 1879	88	
10A. USUAL OCCUPATION (Give kind of work 10B, KIND Odone during most of working life, even if retired)	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
Housewite		Marylan	d	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Samuel Trave	rs		Susan (jould
5. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates at service)	1 6. SOCIAL	17. INFORMANT		ADDRESS
No	SECURITY NO.	Mrs. Marque	rite Hunte	ld (Same)
18.2 5 A 9	CAUSE OF DEAT	0	11000	APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY	15/101	- 00 ha	11 10	BETWEEN ONSET AND DEATH
LEADING TO DEATH	A)IMMEDIATE CAL	10 Elevel	Heart 6	Harry
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO OR AS	A CONSEQUENCE OF:		
injury or complication which coused deoth.)	acute	+ curome	wester	racine.
ANTECEDENT CAUSES	(a) HTM OH	entous 1	C100. 1	
DISEASES OR CONDITIONS, if any, giving	DUE TO, QI AS	A CONSEQUENCE OF	00	·
rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	(a)) 1 11	wete he	ellities	
260X II	0		7	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Whomas	0.00	1711 +	
☐ TO THE DEATH BUT NOT RELATED TO THE TERMINAL IN THE DEATH BUT NOT RELATED TO THE TERMINAL IN THE DEATH BUT NOT RELATED TO THE TERMINAL	10 minus	acoco a	munu	2
198. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	WHICH OPERATION	20 A. AUTOPSY? (Yes or N	ON 208. IF YES, WERE F	NDINGS CONSIDERED SES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING	BLACE OF INTERVAL	and all and any see that		
	ne, form, factory, street, of	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)
O 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E	. INJURY OCCURRED	21F. HOW DID IN.	URY OCCUR?	
	nile At At Work		~	
	9	716	1055 F	1 11 .60
22. I certify that (1) (this haspital) attended t	¥ / //		1955 ta	1968.
that (I) (we) last sow the deceased alive on			not in (mg) (gg) opin	ion deoth occurred on the dote
and your and from the couses stated obove.	l) (We) (did) (did not) v	iew the body ofter death.	8	
23A-SIGNATURE	Δ44-0	nding Med.	2 H-42	23B. DATE SIGNED
Grucegw Wynxs	OEGREE Phys	Director U	Staff Phys.	Tel- 12/968
23C. PHYSICIAN'S NAME (Type)) `	23D. ADDRESS	4	0 1 . 4 .
Dr. Donald W. 41	intzer OEGREE		vergreen Al	re. Balto. Md.
24A. BURIAL CREMATION, 24B. DATE 24C. N REMOVAL (Specify)	AME OF CEMETERY OF CRE	MATORY 24D. L	OCATION (City	, town, or county) (Stote)
Burial 2/13/68 D	ruid Ridge (emetery	Baltimore	2, Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
REB 13 1968 P. Cout E. J.	Index PA	Leonard 9.	Ruck. Inc	. Balto. Md. 212
VS 150-REV. 1/1/6B		0		

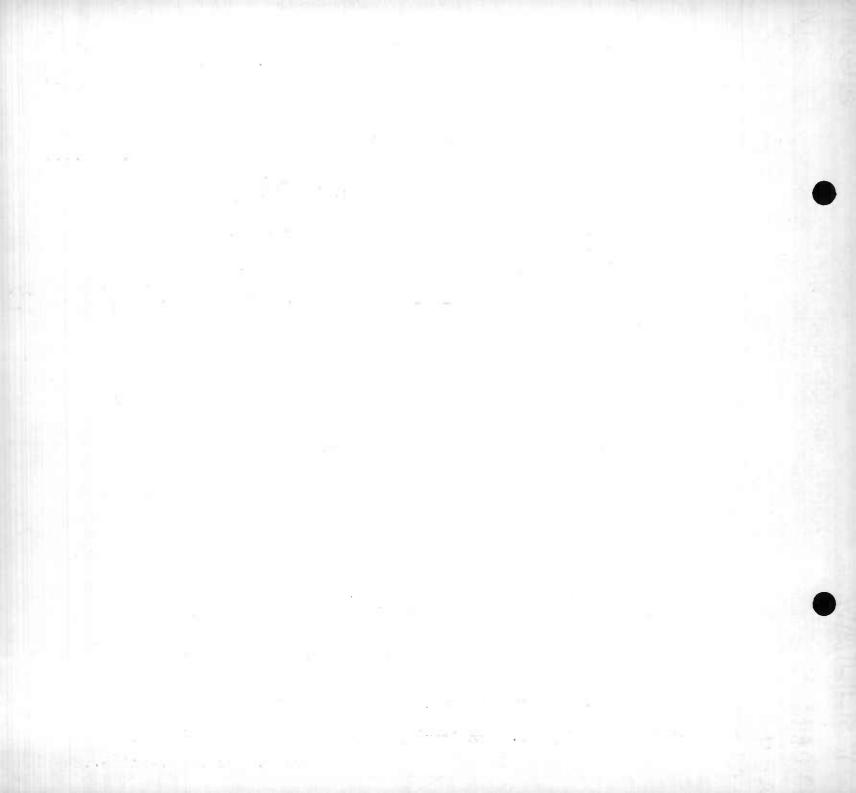


FUNERAL DIRECTOR: IMPORTANT

1.	1-21/2		BALTIMORE CITY	HEALTH D	PEPARTMENT		68- 1731	1
D. D.T.	68-1	73	1 CERTIFICA	TE OF	DEATH	REG. NO	00 1.701	
, NA	ME OF DECEASED or Print) Bernard 7	_	Wessels		7 1	D HOUR OF DEATH		
0 01	ACE IN BALTIMORE, MARYLAND, WHERE PR	ONO		4. USUAL	Jeb.	11, 1968	nstitution: residence before agr	M.
ULI	NAME OF (IF NOT IN HOSPITAL OR IN			A. STATE	Md. B. COUNT		27-41	
NST	PITAL OR ADDRESS OR LOCATION)			C. CITY OF	1	D. INS	SIDE CITY LIMITS?	1
	2202 Eughanan	1	1.000.10	E STREET	altimore AND NUMBER		YES NO NO	*
	60 3203 Evergreen	. / 1	venue				rgreen Avenue	
. SE	MAK		NEVER MARRIED DIVORCED	Aug.		ost birthdoy) 70	If Under 1 Yr. If Under Months Doys Hours	24 Hrs. Min.
	JSUAL OCCUPATION (Give kind of work 108. KIN during most of working life, even if retired)	D OF	BUSINESS OR INDUSTRY	11. BIRTHPI	ACE (State or foreig	gn country)	12. CITIZEN OF WHAT CO	UNTRY
	Clerk ATHER'S NAME	0.	Railroad	14 MOTH	Marylana ER'S MAIDEN NAM	4	USA	
3. F.	Alfred T. 1	We.	ssels	14. MOIN	K 3 MAIDEN NAN		Wessels	
5. W	as Deceased Ever in U. S. Armed Forces?		16. SOCIAL	17. INFORM	ANT		ADDRESS	
les,	No (If yes, give wor or dotes of serv	rice)	216-01-3267	Mrs.	Louise	Wessels	(Same)	
1	8.4129		CAUSE OF DEATH	1			APPROXIMATE INT	
	DISEASE OR CONDITION DIRECTLY			n		- 1		
	This does not mean the made of dying,	0.0	(A) IMMEDIATE CAU		yeternes	Immiffe	uma	
	heart failure, asthenio, etc. It means the disc			CONSEQU	PHYCE OF:		0	
	injury or complication which caused death.)		11		-2/	- n.		
	ANTECEDENT CAUSES		(B) Mer	osch	whi Ala	of Phress	&	
	DISEASES OR CONDITIONS, if ony, gitse to the above couse (A) stating		DUE TO, OR AS	A CONSEQ	UENCE OF:			
	UNDERLYING CONDITION last.		(c)	n da sa sa da sa da da da da da sa da da da		•••••		
	420.0 11		11.	c				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUT		R	D 87	- 24 -			
α l	O THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).		Buch	from	14 June 14			
ERTIFIC	9A. DATE OF OPERATION 198. CONDITION I		WHICH OPERATION	20 A. AU	TOPSY? (Yes or No)	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?	
ER	1A. ACCIDENT WAS UNDERLYING	21 R	PLACE OF INJURY (e.g., in	or about 21	C. WHERE DID	(If in Rollins	ore City, give exact location)	
_ (DR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hom etc.	ne, form, toctory, street, of	fice bldg., IN	JURY OCCUR?	(ii iii doiliiic	re city, give exact locations	
	ID. TIME (Month) (Doy) (Year) (Hour)	21 E.	. INJURY OCCURRED	21	F. HOW DID INJU	JRY OCCUR?		
>	A PPROX.)	Wh Wo	ile At Not While		, ,		, ,	
	2 1		***		2/2//	0.5%	1/1/60	10
	2. I certify that (1) (this hospital) attend		2/2	/ 10	0 000	9 0 7 10	1.4.4.4.19.	5
t	hot (I) (was) last saw the deceosed olive	on	·····×//	19.0	ond tha	it in (my) (pur) op	inian deoth occurred on t	he dote
	and haur and from the causes stated abou	ve. (1) (W+) (did) (did-or) v	iew the bo	dy ofter deoth.			
2	3A. SIGNATURE			- di		s. " —	238, DATE SIGNED	
	Illow & Bradle	1/	OEGREE Phys	nding 2	Med. Director	Staff Phys.	2/12/68	
12	3C. PHYSICIAN'S NAME (Type) Dr. Albert	B.	Bradley	23D. ADDRE		lair Rd.	Balto.Md.	
4A.		4C. N.	AME of CEMETERY OF CRE	MATORY				Stote)
	REMOVAL (Specify)	M	analand Mama	nial	Com	Baltim	ore Md	
25A	Burial 2/14/08. DATE REC'D BY HEALTH DEPT. 25B. NA	ME	oreland Memo	25C. FU	NERAL DIRECTOR	Baccon	ADDRESS	
	FEB 1 3 1968 Robert E.	T	alleyna	Leo	nard J.	Ruck, Inc.	ore, Md. Balto.Md. 21	214
/S 1	50-REV. 1/1/68							



-	11-62		68-	- 173	CEDILLIC	ATE OF DEATH	REG. NO.	66	1/00
	TH NO.	SED		210	CERTIFIC	2. DATE	AND HOUR OF DEAT	н	2.70
(Тур	e or Print)	Α.		PEARL	MARSHALI	Feb	. 12, 1968		12-A.
3. P	PLACE IN BALTI	MORE, MARY	LAND, WI	ERE PRONOU	NCED DEAD	4. USUAL RESIDENCE			residence before odmissic
FUI	LL NAME OF	(IF NOT I	N HOSPITA	L OR INSTITU	TION, GIVE STREET	Maryland			27-06
HO	SPITAL OR	ADDRESS	OR LOCA	TION)		C. CITY OR TOWN	D. IN	SIDE CITY	LIMITS?
	Hanfor	d Can	done	Convol	ascent Hor	Baltimore ne E. STREET AND NUMBE		YES 3	NO 🗌
11		Harf			escent non			alto	, Md08
5. SI		RACE			NEVER MARRIED	B. DATE OF BIRTH 87	1 9. AGE (In years		er 1 Yr. If Under 24 H Days Hours Min.
f	emale	white		WIDOWED	= =	Dec. 26 202		Months	Days Hours Min.
						RY 11. BIRTHPLACE (Stote or		12. CI1	IZEN OF WHAT COUNT
done	during most of wo		if retired)			Deltimone	D.C.J.	77.0	3.4
13. [FATHER'S NAMI	ewife				Baltimore,	NAME	US	DA
	Rohan	t Hali	fnenn	37		Maggie Ki	nhar		
15. Y	Was Deceased E	ver in U. S.	Armed Forc	es?	1 6. SOCIAL	17. INFORMANT	TOY		ADDRESS
(Yes,	No or unknown) (1	f yes, give v	var or dates		SECURITY NO. [6 Roland S. M	arshall Sr	225	Greenway D
	18. / / / / a	0.1	-	4	CAUSE OF DEA			EI	COTT CITY
	440	OR CONDI	TION DIR	ECTLY			/ .		BETWEEN ONSET AND DEA
		EADING TO			(A) IMMEDIATE C	AUSE MILLEN	um fis		100
	(This does not heart failure, as					AS A CONSEQUENCE OF:			
	injury or compl								
					11	5117			11111.
	AI	NTECEDENT	CAUSES	deolh.)	(B) A	50.0			4/21.
	DISEASES OR	CONDITIO	CAUSES	ny, giving	(B) DUE TO, OR	S, U. D	•		ges.
	AI	CONDITIC abave co	CAUSES ONS, if o use (A)	ny, giving	(B) DUE TO, OR	SU.D.			ges.
z	DISEASES OR rise to the UNDERLYING	CONDITION CONDITION CONDITION CONDITION	CAUSES ONS, if o use (A) I tast.	ny, giving slofing the		SU.D.			yes.
TION	DISEASES OR rise to the UNDERLYING	CONDITION abave condition II ANT CONDITION BUT NOT REL	CAUSES ONS, if ouse (A) I tast. HONS CON.	ny, giving slofing the		SU.D			gen.
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CERTIFICATION	DISEASES OR rise to the UNDERLYING HOUNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	CONDITION CONDITION II ANT CONDITION BUT NOT RELY OPERATION WAS UND	CAUSES ONS, if ouse (A) I tost. IONS CON. ATED TO THE EN IN PART 198. CONE WAS PERFO	ny, giving slofing the ITRIBUTING E TERMINAL 1 (A). DITION FOR WORMED	(C)		IN CERTIFYING C	AUSES OF	
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MEDICAL CERTIFICATION	DISEASES OR rise to the UNDERLYING UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO. 19A. DATE OF CO. 21A. ACCIDENT OR CONTRIBUTIOR CONTRIBUTIOR CONTRIBUTION (APPROX.) 22. I certify the that (I) (we) to ond hour ond 23A. SIGNATURE) 23C. PHYSICIAN	TECEDENT CONDITION abave co CONDITION II ANT CONDITION BUT NOT REL NDITION GIV PERATION WAS UNDI ING CAUS caucicol exomi Month) (Do post saw the from the caus S	CAUSES ONS, if ouse (A) I tasl. IONS CON. ATED TO THEN IN PART 19B. CONE WAS PERFO WAS PERFO TO THEN IN PART 19B. CONE WAS PERFO WAS PERFO (Yeor) deceosed	ny, giving slofing the STRIBUTING E TERMINAL 1 (A). DITON FOR WORMED 21 E. Whill Work offended the slote on	PLACE OF INJURY (e.g., form, foctory, street, injury Occurred At Wo	20A. AUTOPSY? (Yes of office bldg., INJURY OCCUR 21F. HOW DID (hile	IN CERTIFYING C	AUSES OF	ve exoct locotion) 19 oth occurred on the decomposition
MEDICAL CERTIFICATION	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO. 19.A. DATE OF CO. 21.A. ACCIDENT OR CONTRIBUTI DEATH (notify m. 21.D. TIME (OF INJURY (APPROX.)) 22. I certify the cond haur and conditions of the conditions of th	TECEDENT CONDITION abave co CONDITION II ANT CONDITION BUT NOT REL NDITION GIV PERATION WAS UNDI ING CAUS causedicol exomi Month) (Do cont (I) (this cont (I) (th	CAUSES ONS, if ouse (A) I tasl. IONS CON. ATED TO THEN IN PART 198. CONE WAS PERFO WAS PERFO WAS PERFO (Year) deceased uses state	ny, giving slofing the slofing	PLACE OF INJURY (e.g., form, foctory, street, INJURY OCCURRED At Wo	20 A. AUTOPSY? (Yes of office bldg., INJURY OCCUR 21F. HOW DID (hile 19 and office body offer deo Attending Med. Director 123D. ADDRESS	IN CERTIFYING C	AUSES OF ore City, gi	ve exoct locotion) 19 oth occurred on the d
MEDICAL CERTIFICATION	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO. 19 A. DATE OF C. 21 A. ACCIDENT OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OF INJURY (APPROX.) 22. I certify the total of the contribution	ANT CONDITION ANT CONDITION WAS UNDITION	CAUSES ONS, if ouse (A) I tosl. IONS CONATED TO THE NIN PART 19B. CONE WAS PERFORMAN PERFORMAN (Year) (Year) HOSPITAL) deceosed uses stote Walt	ny, giving slofing the slofing	PLACE OF INJURY (e.g., form, foctory, street, INJURY OCCURRED At Wo de deceased from At Wo decare P	20 A. AUTOPSY? (Yes of office bldg., INJURY OCCUR 21F. HOW DID (hile 19 and office body offer deo Attending Med. Director 123D. ADDRESS	IN CERTIFYING C	AUSES OF ore City, gi	ve exoct locotion) 19 oth occurred on the d
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MEDICAL CERTIFICATION	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO. 19 A. DATE OF C. 21 A. ACCIDENT OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OF INJURY (APPROX.) 22. I certify the total of the contribution	ATION, 248.	CAUSES ONS, if ouse (A) I tasl. IONS CON. ATED TO THEN IN PART 198. CONUMAN PERFORM WAS P	ny, giving slofing the slofing	COMPILED OPERATION PLACE OF INJURY (e.g., form, foctory, street, form, foctory, street, form) INJURY OCCURRED At Wo At Wo At Wo George of form (Way) (did) (did not george of cemetery or collawn (emotion))	20 A. AUTOPSY? (Yes of office bldg., INJURY OCCUR 21 F. HOW DID (hile	IN CERTIFYING CO. (If in Boltim INJURY OCCUR? I thot in (my) () o th. Shaff	plnian declaration of the control of	ve exoct locotion) 19 Oth occurred on the description of the descrip



IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

NO.

Hours

If Under 24 Hrs.

D. INSIDE CITY LIMITS?

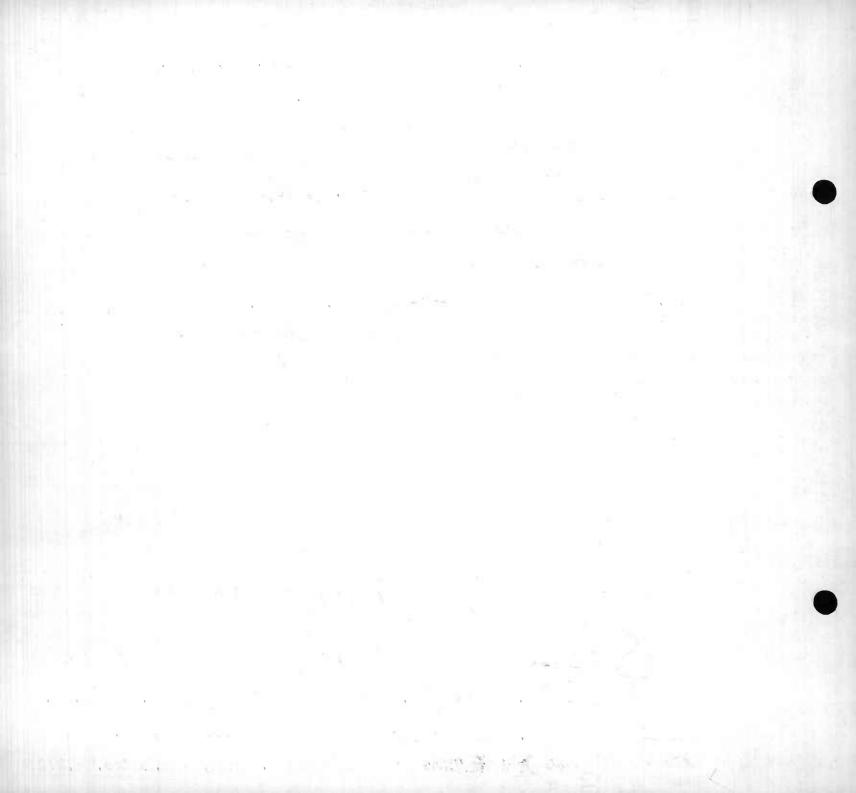
3002 Northway Drive

If Under 1 Yr.

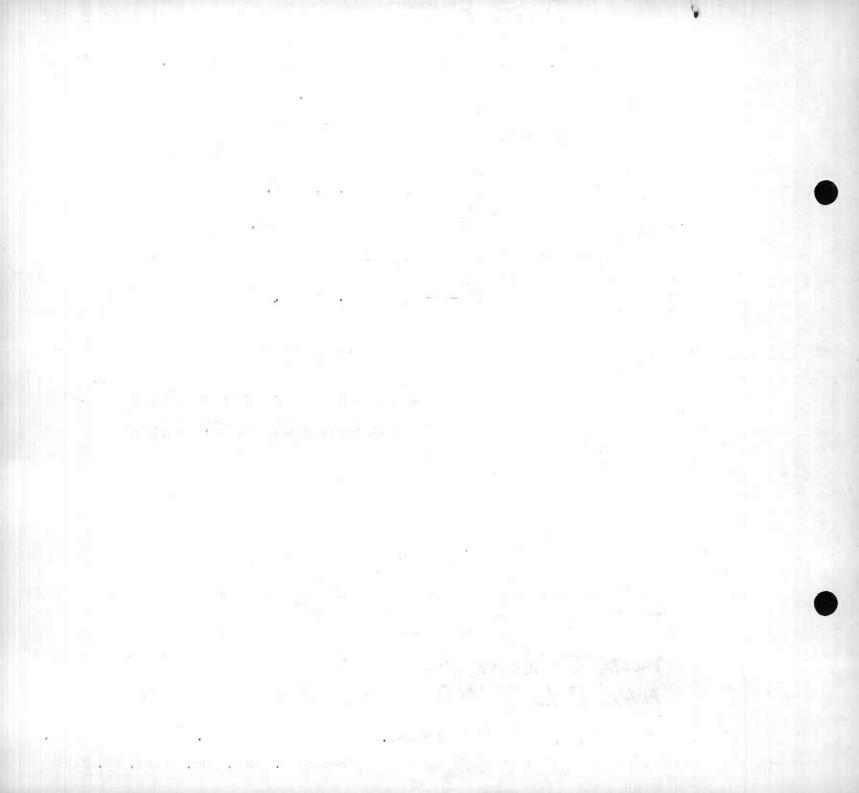
12. CITIZEN OF WHAT COUNTRY?

RETWEEN ONSET AND DEATH

IN CERTIFYING CAUSES OF DEATH?



73-14	20 05	BALTIMORE CI	TY HEALTH DEPARTMENT		68- 1734
	68	CERTIFIC	ATE OF DEATH	REG. NO.	00 1/34
BIRTH NO.	CEASED		2. DATE	AND HOUR OF DEATH	
(Type or Print)	CHARLE	ES W. DIPPEL	Febru	nary 9, 1968	. 4 P. N
3. PLACE IN BA	ALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (WI A. STATE B. COL		nstitution: residence before admission)
FULL NAME OF	F (IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET	Md.		21-01
HOSPITAL OR	ADDRESS OR LOCA	ATION)	C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
	Clos Hamlet	Arramas	Baltimore		YES NO
00	5406 Hamlet	Avenue	E. STREET AND NUMBER	5406 Ham	let Avenue
5. SEX	6. RACE	7- MARRIED X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.
Male	White	WIDOWED DIVORCED	Dec. 3, 1887.	last birthdoy) 80	60-31
	CUPATION (Give kind of world working lile, even if retired)	108. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
Mold		Iron Worker	Penna	3.	USA
3. FATHER'S N.	AME		14. MOTHER'S MAIDEN N	AME	
	Freder	ick Dippal		Dora Bac	er
5. Wos Deceose	ed Ever in U. S. Armed For	rces? 16. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknow	vn) (If yes, give war or date	212-07-9529	Mrs. Rose S. I	Dippel	(Same)
18. 4. 9	2 X I	CAUSE OF DEA	тн		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASES rise to I UN DERLYIN OTHER SIGN TO THE DISEASE OR	ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving stating the (c). GMO.	AS A CONSEQUENCE OF: APX + E × 1 8 Sc E × C	tic CV Dis	FINDINGS CONSIDERED
E				W GERMINIO CA	10000 01 000000
OR CONTRI	ENT WAS UNDERLYING BUTING CAUSE OF	21B. PLACE OF INJURY (e.g home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	(If In Boltimo	re City, give exact location)
21D. TIME	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
S OF INJURY		While At Not W			
(All ROA)		Work L At Wo	rk 🗀	20	- 0
22. 1 certif	fy that (1) (thits hospite	1) attended the deceased fram	10-7	19 38 ta	2-9- 19 68
that (I) (ave	e) last saw the decease	ed alive an 2-9-	19 65 and	that in (my) (ou r) ap	inlan death accurred an the da
and haur a	nd fram the causes sta	ted abave. (I) (We) (did) (did not)	view the bady after death	le .	
23A. SIGNAT	TURE		. /		23B. DATE SIGNED
3/	with		Hed. Director	Staff Phys.	2-10-65
23C. PHYSIC		M.D.	23D. ADDRESS	Rd	1/2/3
24A. BURIAL CI	REMATION, 248. DATE	24C. NAME OF CEMETERY OF	CREMATORY 24D.	LOCATION (C	ity, town, or county) (State)
Buria]		8 Loudon Park Cem		Balto.	Md.
	D BY HEALTH DEPT.	25 B. NAME OF REGISTRAR	2SC. FUNERAL DIRECT		ADDRESS
FEB	1 3 1968 0.0.	DE France			alto. Md. 21214
V\$ 150-REV. 1/1	460	do c' amaigna		, , , , , , ,	
AA IBA-UEA IV	.,				

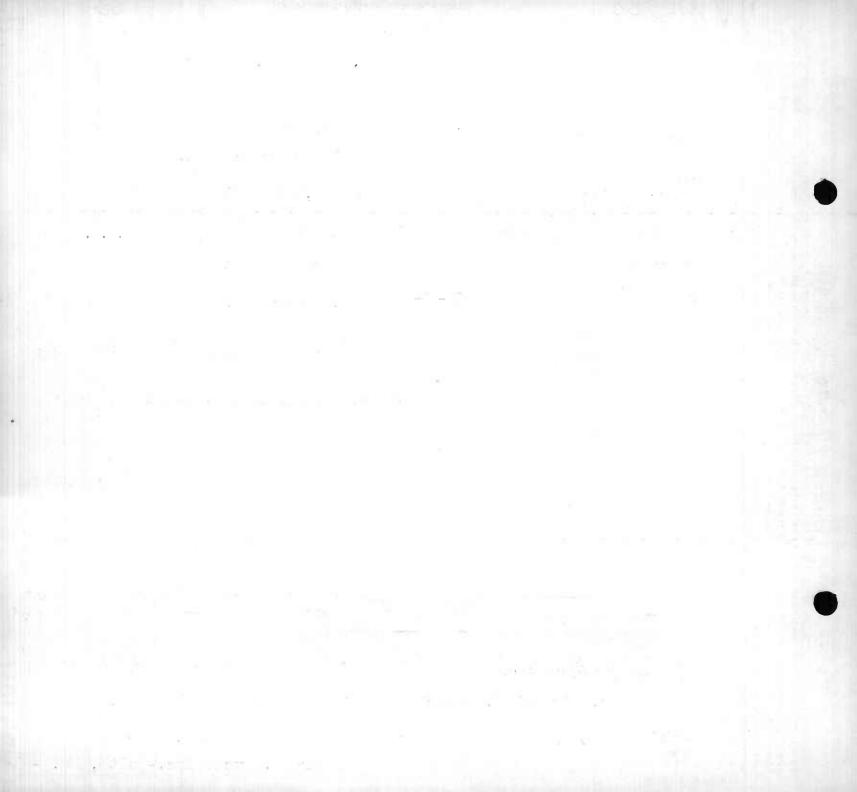


FUNERAL DIRECTOR: IMPORTANT

W 1/0 6)	BALTIMORE CITY		
O.	8 1735 CERTIFICA	TE OF DEATH REG. NO.	00- 1/50
NAME OF DECEASED		2. DATE AND HOUR OF DEATH	
	WILLBALKS	2:35 PM	2/10/68
B. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, if ins A. STATE B. COUNTY	titution: residence before admission
FULL NAME OF (IF NOT IN HOS	PITAL OR INSTITUTION GIVE STREET	M.V.	1 do 0 1
HOSPITAL OR ADDRESS OR LO	PITAL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN D. INSID	DE CITY LIMITS?
Maryland General	Hospital	BALTO.	YES NO
48 HG		E. STREET AND NUMBER	
		116 W University 1 km	4 Apr 13/3
SEX 6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
F	WIDOWED DIVORCED	5/14/03 64	
OA. USUAL OCCUPATION (Give kind of woone during most of working life, even if retired	WORK TOB, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTR
Housewife_	a)	burginia	USA.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
James fishe	2/4	mary Just Brice	
5. Was Deceased Ever in U. S. Armed		17. INFORMANT	ADDRESS
Kes, no ar unknown) (If yes, give war ar d	SECURITY NO. 217-34-8152	Mr Echols H Wil	llbanks Same
18. 4/12.9	CAUSE OF DEAT	H	APPROXIMATE INTERVAL
DISEASE OR CONDITION	DIRECTLY		BETWEEN ONSET AND DEAT
LEADING TO DEAT	TH (A)IMMEDIATE CAL	ISE ASCIA.	
(This does not mean the mode heart failure, osthenio, etc. It mea	al dying, e.g., DUE TO OR AS	A CONSEQUENCE OF:	
injury or complication which caus	sed death.)		
ANTECEDENT CAUS	SES L. W	, dula Carelara O (1210	Jul 1266
DISEASES OR CONDITIONS, i	(B)	addle Cerebral Cirle	204
rise to the obove couse (A		Throm basis x 2	
	(0)		
OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO	O THE TERMINAL		
DISEASE OR CONDITION GIVEN IN F	PART 1 (A). CONDITION FOR WHICH OPERATION	20 A. AUTO SY2 (Yes or No.) 20 B. IF YES, WERE FI	l constitution
147.4.4.4	PERFORMED	thi acamerican and	INDINGS CONSIDERED
E WAS I		IN CERTIFFING CAU	INDINGS CONSIDERED ISES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	G 218. PLACE OF INJURY (e.g.,	in ar about 21C. WHERE DID (If in Baltimare	INDINGS CONSIDERED USES OF DEATH? City, give exact location
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		in ar about 21C. WHERE DID (If in Baltimare	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	G 218. PLACE OF INJURY (e.g., i hame, farm, factory, street, at	in ar about 21C. WHERE DID (If in Boltimore ffice bldg., INJURY OCCUR?	
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	218. PLACE OF INJURY (e.g., i hame, farm, factory, street, a etc.) 218. PLACE OF INJURY (e.g., i hame, farm, factory, street, a etc.)	in ar about 21C. WHERE DID (If in Boltimore ffice bldg., INJURY OCCUR?	
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	G 218. PLACE OF INJURY (e.g., i hame, farm, factory, street, at	in ar about 21C. WHERE DID (If in Boltimore Injury Occur?	
ZIA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) ZID.TIME (Manth) (Day) (Yes OF INJURY (APPROX.)	218. PLACE OF INJURY (e.g., i hame, farm, factory, street, a etc.) (a) (Hour) 21E. INJURY OCCURRED While At Not While At Wark	in ar about 21C. WHERE DID (If in Boltimore ffice bldg., INJURY OCCUR?	
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21D-TIME (Manth) (Day) (Yes (APPROX.)	218. PLACE OF INJURY (e.g., in hame, farm, factory, street, and etc.) 21E. INJURY OCCURRED While At Not While At Wark ital) ottended the deceased from	in ar about 21C. WHERE DID (If in Boltimore ffice bldg., INJURY OCCUR?	City, give exact location)
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21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21D.TIME (Manth) (Day) (Yes (APPROX.) 22. I certify that (I) (this haspithat (th) (we) lost sow the decease ond hour and from the causes s	218. PLACE OF INJURY (e.g., in hame, farm, factory, street, and etc.) 21E. INJURY OCCURRED While At Not While At Wark ital) ottended the deceased from	in ar about 21C. WHERE DID (If in Baltimore ffice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	City, give exact location) 10 19 63 ion death occurred on the do
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21D.TIME (Manth) (Day) (Yes (APPROX.) 22. I certify that (I) (this haspithat (the first was the deceed)	218. PLACE OF INJURY (e.g., in hame, farm, factory, street, at etc.) 21E. INJURY OCCURRED While At Mark Not While At Wark itol) ottended the deceased from stated abave. (I) (We) (did) (did net)	in ar about 21C. WHERE DID (If in Baltimore ffice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19	City, give exact location)
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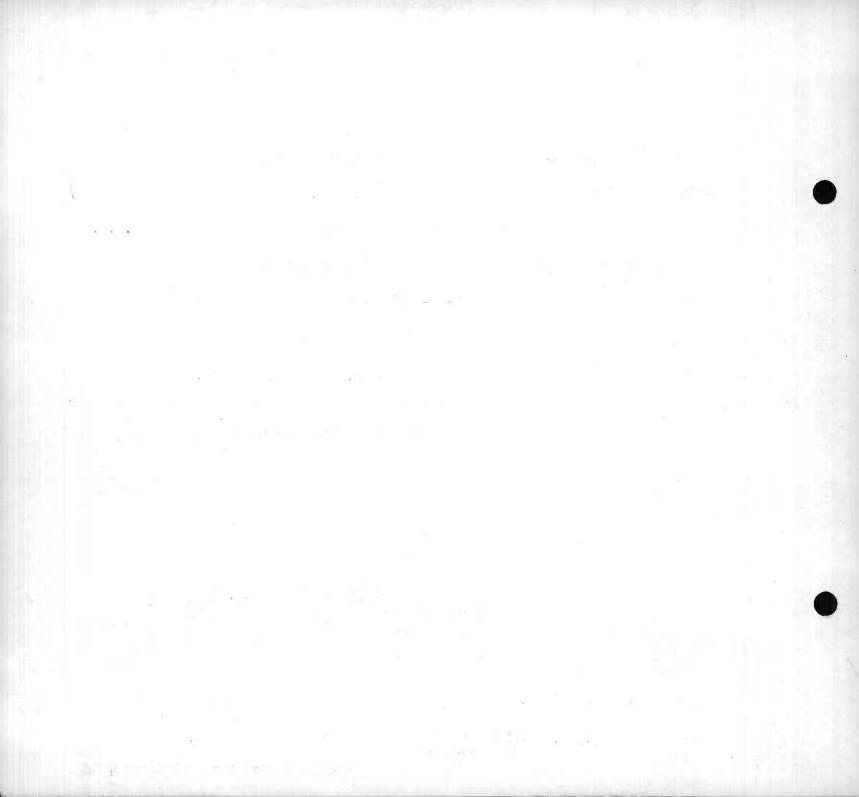
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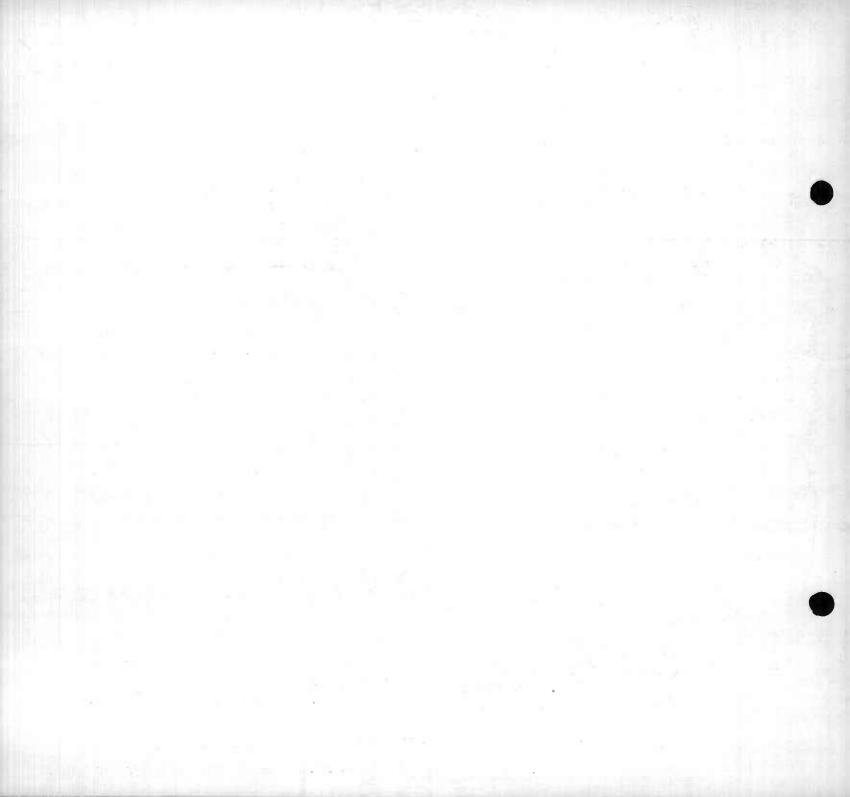
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3. FATHER'S NAME	0.00	-000	14. MOTHER'S MAIDEN NA!	ME	4311
(1)	,		1		
Stephen Kom	ey		HANA	-	
5. Was Deceased Ever in U. S. Arm Yes, no or unknown) (If yes, give wor	ned Forces? or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
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BALTIMORE CITY HEALTH DEPARTMENT



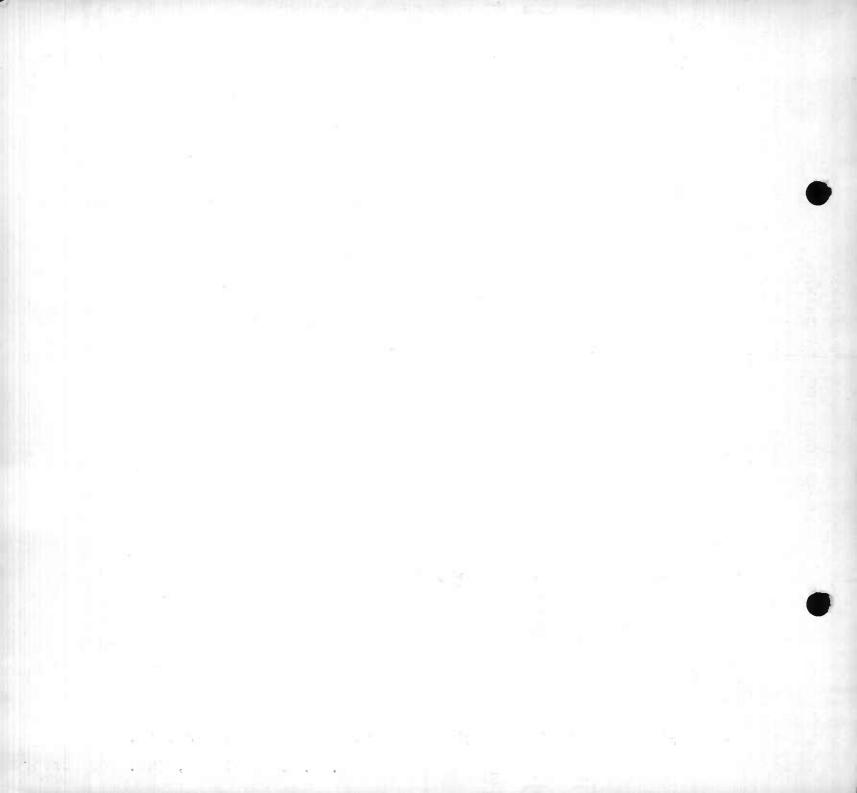
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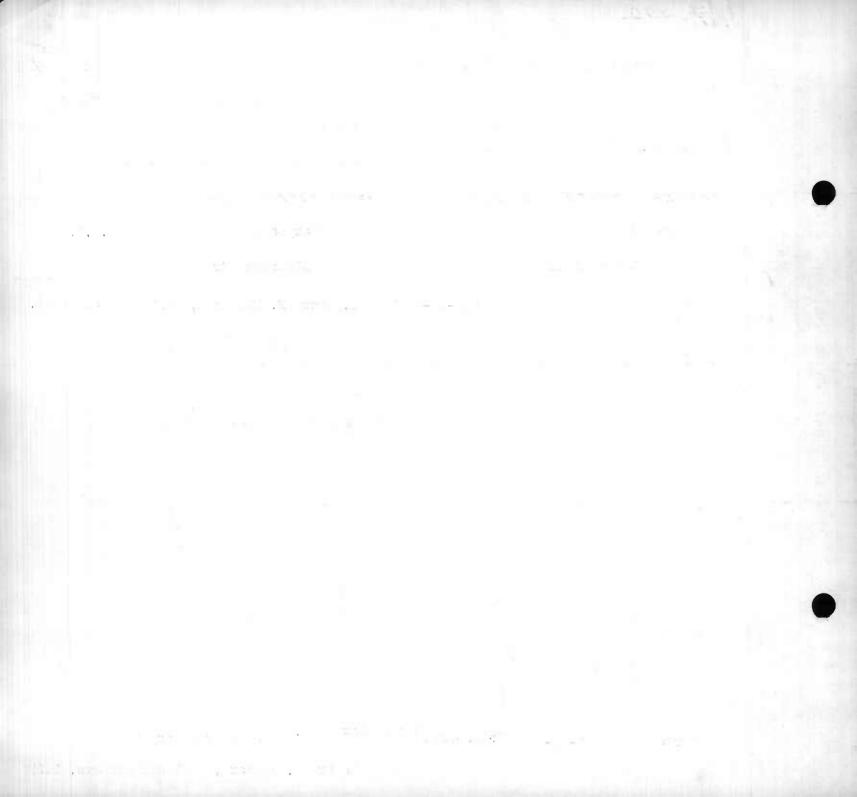
FUNERAL

4. USUAL RESIDENCE (Where deceased lived, If institution; residence D. INSIDE CITY LIMITS? NO If Under 1 Yr. Months Doys If Under 24 Hrs. Haurs i Min. Hours 12. CITIZEN OF WHAT COUNTRY? U.SA ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact lacation) and that in(my) (aur) apinian death occurred an the date 23 B. DATE SIGNED ADDRESS EVANS & SON, INC.8802 Harford VS 1S0-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



~	1 1/22	BALTIMORE CIT	Y HEALTH DEPARTMENT	68- 1743
BIR	rh No. 700	1743 CERTIFICA	TE OF DEATH Registered No	00 1110
M.1	CASE NO.	CERTITION	2, DATE AND HOUR OF DEAT	
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3. 1	PLACE OF DEATH IN BALTIMORE, MARYLA	FULKOSKI	4. USUAL RESIDENCE (Where deceased lived. If	12 H, M.
	The second secon		A. STATE B. COUNTY	institution: residence before oamission
	FULL NAME OF (If not in hospitot or in	nstitution, give street	C. CITY OR TOWN (If outside city limits, with	F #27
	HOSPITAL OR oddress or location) NSTITUTION		11 - 71	RURAL and give township)
0		•	Lansdowne	66. 53-00
	ST. AGNES HOSP.	ITAL	D. STREET ADDRESS (If rurol, give location)	
			2407 SAROTOGA	AVE
5. 5		MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
0	An	UI DOW	10-20 - 1893 74	Promis Boys Hours Print
	. USUAL OCCUPATION (Give kind of work 10B.	KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF
on	e during most of working life, even if retired)			WHAT COUNTRY?
	Housewife		Maryland	U.S.A.
٥,	FATHERS NAME		14, MOTHER'S MAIDEN NAME	
	Louis Smith		Elizabeth Grimm	
5.	Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	ADDRESS 21227
s e:	s, no or unknown) (II yes, give wor or doles of		No. 27 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	750 XX - 47 - 1 P1-1
_		218-16-2442	Mr. Harry F. Fulkoski, 4	
	18.250.91	an an	OF DEATH	ONSET AND DEATH
	DISEASE OR CONDITION DIRECT	TLY	t O t	1 0
	(This does not mean the mode of dyi	(A) 190	senorcerous lear	Olislase
	heart failure, osthenia, etc. II means the	disease,		
	injury or complication which caused dea	oth.)	teriorcleratic hear many thrombosis abetes mellite	17
	ANTECEDENT CAUSES	(B) L O VC	nauf 1000 to 1	
	DISEASES OR CONDITIONS, if ony,	giving	12 00 to 2 00- T.	
	rise to the obove couse (A) sto UNDERLYING CONDITION last.	ing the (C)	106 ers mean	<u> </u>
	ONDERETING CONDITION last.			
z	260 X II	TRIBLITING		
10	OTHER SIGNIFICANT CONDITIONS CON'TO THE DEATH BUT NOT RELATED	TO THE		
CA	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WER	CANCIDIA CONTRACTOR
RTIFIC	WAS PERFORM		IN CERTIFYING C	AUSES OF DEATH?
CER	2) A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	The state of the s	6: 1
AL	OR CONTRIBUTING CAUSE OF	home, form, foctory, street, c	office bldg., INJURY OCCUR?	ore City, give exact location)
Ü	DEATH (notify medical examiner)	etc.)		
ED	21D. TIME (Month) (Doy) (Year) (H	lour) 21 E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
Σ	(APPROX)	While At Not Whi	le	
	20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	22. I certify that (I) (this hospital) at		19ta	19
	that (I) (we) last saw the deceased a	live an	19and that in(my) (our) a	pinion death occurred on the date
	and hour and from the causes stated	above. (I) (We) (did) (did not)	view the body after death.	
	23A. SIGNATURE	/)		23B, DATE SIGNED
	J. Korh		ending Med. Stoff	0 10 10
	23C. PHYSICIAN'S	Phy	23D. ADDRESS	2-12-68
	NAME (Type)		APRESS	
		M.D.		
4 4	REMOVAL (Specify) 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION	City, town, or county) (State)
		KXXXXXXX, Loudon	n Park Cem. Baltimore, M	arvland
254	Burial 2-15-68 DATE REC'D BY HEALTH DEPT. 258.	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
		E. Franceina		
15		Cal Action Change	Howard H. Hubbard, 4107	WIIKEIIS AVE. 21229
15	150-REV. 1/1/65			



24D. LOCATION

(City, town, or county)

24C. NAME of CEMETERY or CREMATORY

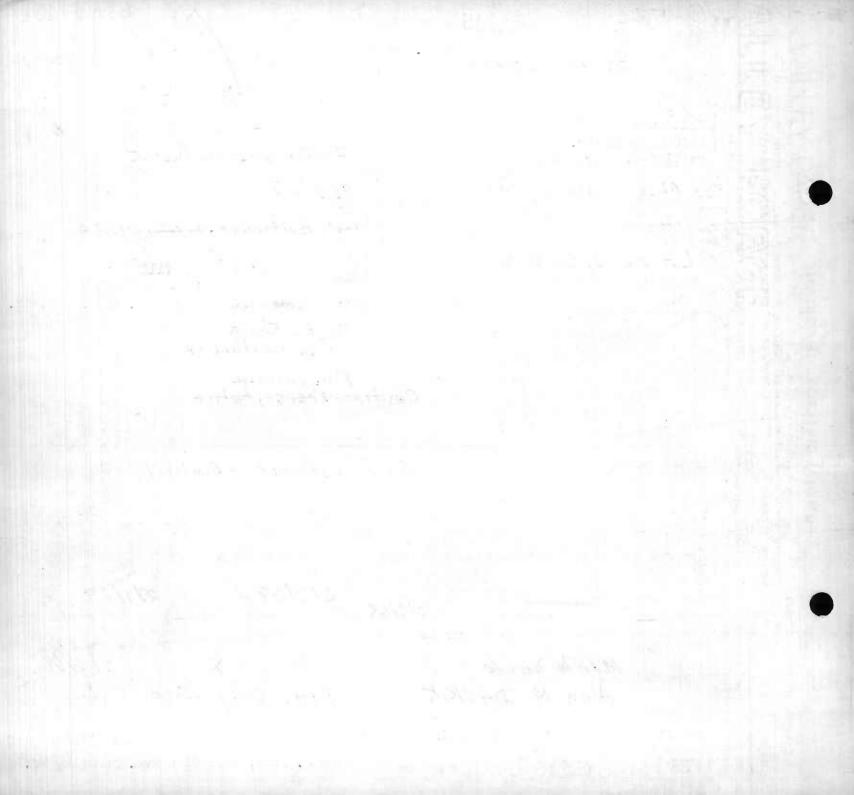
24 A BURIAL CREMATION.

REMOVAL (Specify)

24B. DATE

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51-10-79 ED	0-520 BALTIMORE CITY HEALTH DEPARTMENT REGINO. 68- 1745
be the	BIRTH NO. Batto. Co. Md. CERTIFICATE OF DEATH
a hospital anciause of deatlise; (5) Decease ndance on the to death. Such	1. NAME OF DECEASED Brian L. Owens 2. Date and Hour OF DEATH 2/7/68 4/30 Pm.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STAJE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?
o s o	
0.=_	3 4940 Eastern Ave. Baltimore, Maryland # 21224 E. STREET AND NUMBER 7350 WADMAN AVENUE #19
occurre intribut irmine egular	5. SEX 6. RACE 7. MARRIED AIRVER MARRIED 18. DATE OF BIRTH 9. AGE (In years I f Under 1 Vr. If Under 24 Hrs.
ath in r	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY: done during most of working life, even if relired) None 12. CITIZEN OF WHAT COUNTRY:
de Cra	13. FATHER'S NAME
# (4)	
Sistant the di kind; death	15. Was Deceased Ever in U. S. Armed Forces: (Yes, no or unknown) (If yes, give wor or doles of service) SCURITY NO. #273271
ef medical examiner or his assistant medical examiner. Also, if the dir dy burns, (3) A fracture of any kind; (5) physician who pronounced death	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the made of dying, e.g., head failure, asthenio, etc. Il means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION last. (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION IN PART 1 (A).
Z + 00+	WAS PERFORMED YES IN CERTIFYING CAUSES OF DEATH? YES
tal her her	OR CONTRIBUTING CAUSE OF home, factory, street, office bldg., INJURY OCCUR?
ved by hospith nature; ept wh	D C 21 D. TIME (Month) (Day) (Year) (Hour) 21 F. IN 111 RY OCCURRED 21 F. HOW DID IN 111 RY OCCURRED
pro the ny exc	22. I certify that (I) (this hospital) attended the deceased from 2/1/68 19 to 2/1/68 19
0 to 0 1	that (1) (we) last saw the deceased clive an 2/7/65 19 and that in (my) (our) opinion death occurred an the date
sed to	and hour and fram the causes stated above. (I) (We) (did) (did not) view the bady ofter death. 23A, SIGNATURE Attending Med. Staff 2
nust b lease cident hospi	Attending Med. Staff \ 2/2/68
icate n was re An acc	DEGREE
# 1827	24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY or CREMATORY 24D. LOCATION (City, lown, or county) (State)
9 0 % 0	Burial 2/10/68 Meadowridge Memorial Park Dorsey, Maryland
This ce the books: was D.	FED I 3 1300 (I Lie D Z, ATAKENTA
	VS 150-REV. 1/1/6B

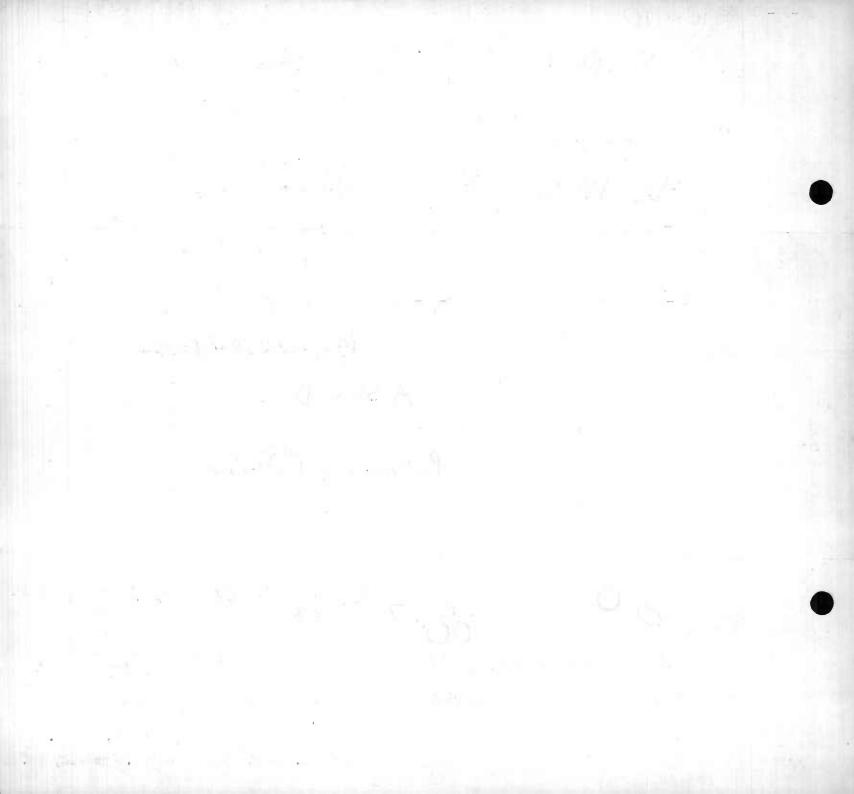


11 111	00	BALTIMORE CITY	HEALTH DEPARTMENT	\/	68- 1746
11-100	68- 3	CERTIFICA	TE OF DEATH	REG NO	27 40
BIRTH NO.	D	Taina M. Hiiva	2. DATE AI	ND HOUR OF DEATH	1138
(Type ar Print)	a, TAINA	m	2/9	168	400
	RE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Whe	are deceased lived. If i	institution; residence before admission)
			A, STATE B. COUN	BALTIM	ODE 1. 52
HOSPITAL OR	ADDRESS OR LOCATION	INSTITUTION, GIVE STREET	C. CITY OR TOWN		SIDE CITY LIMITS?
INSTITUTION			BALTIMORE		YES NO NO
1.23			E. STREET AND NUMBER		, to M
Jollas	Hopkins	Hospital	2032 BARR	Y ROAD	
5. SEX 6. R/		ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
EMALE /	A LITE WID	OWED DIVORCED	7-8-08	last birthdoy)	Months Doys Hours Min.
		IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY
done during most of working Housewife	ng life, even if retired)		Pennsylvania		U. S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	AAE	0. S. A.
			14. MOTHER 3 MAIDEN NA	ME	
ANDREW	HIIVA		HILMA ?		
15. Was Deceased Ever (Yes, no or unknown) (If v	in U. S. Armed Forces? es, give war ar dates af s	1 6. SOCIAL ervice) SECURITY NO.	17. INFORMAN (Daught	er	Md. 21222
No		189-26-6493	Mrs. Laura J.	Schap. 2032	Barry Rd. Dundal k
1B. 1		CAUSE OF DEAT		0	APPROXIMATE INTERVAL
UNDERLYING CO	II IT CONDITIONS CONTRIBITED TO THE TER	(C)	Dialeleo	· · · · · · · · · · · · · · · · · · ·	2 X yr_
DISEASE OF COND	RATION GIVEN IN PART 1 (A) RATION 198 CONDITION WAS PERFORME	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	a) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WOR CONTRIBUTION DEATH (notify med		21B. PLACE OF INJURY (e.g., i home, form, foctory, street, at etc.)	n ar about 21 C. WHERE DID		are City, give exact location)
O 21 D. TIME (Mo	nth) (Day) (Year) (Hou	ut) 21E. INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
OF INJURY		While At Wark Not While At Wark			
22 1	(1) (1) 1			10///	19
	-	ended the deceased from		19 68 to 2	196/
that (I) (we) lost	sow the deceased oli	ve on	19 6 J ond th	not in (my) (our) op	Inlon death occurred on the dat
	m the couses stated ob	nove. (1) (We) (did) (did not) v	lew the body ofter deoth.		
23A. SIGNATURE	0 6) 1/1/			23 B. DATE SIGNED
1h	ennas (. P	OEGREE Phy	nding Med. Director	Staff Phys.	29/6/
23C. PHYSICIAN'S NAME (Type)			23D. ADDRESS	0 4	
	HOMAS C. BU	ITLER	60(1)	mondo	van
24A. BURIAL CREMATI	ON, 248. DATE	24C. NAME of CEMETERY of CRI	MATORY 24D. I	LOCATION IC	City, tawn ar caunty) (Stote)
REMOVAL ISpecif	2/13/68	Oak Lawn Cemeter	10		timore, Md.
Durial 25A. DATE REC'D BY		NAME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
		Wast.			
The Date of the	68 120. 1- 17	Str. anna	John J. Duda	, 7922 Wise	Ave. Dundalk. Md.
VS 150-REV. 1/1/6B	68 Reliab 2	, Leaberna	John J. Duda	, 7922 Wise	Ave. Dundalk, Md.

Here's as a Dann Hapkins Wageton

THE RESERVE OF THE PROPERTY OF

VS 150-REV. 1/1/6B



IMPORTANT

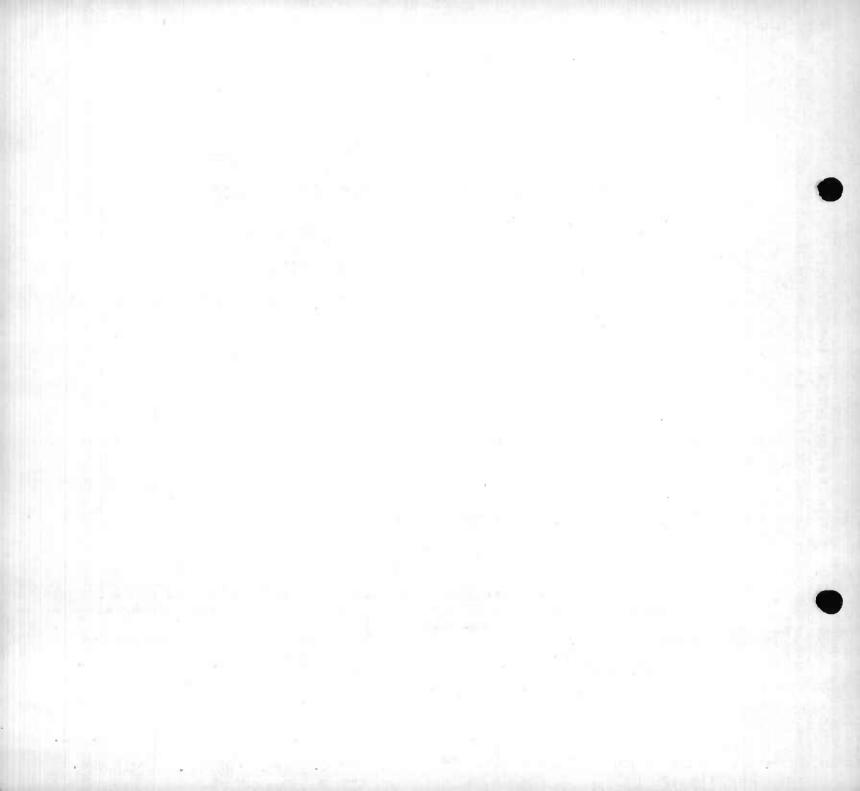
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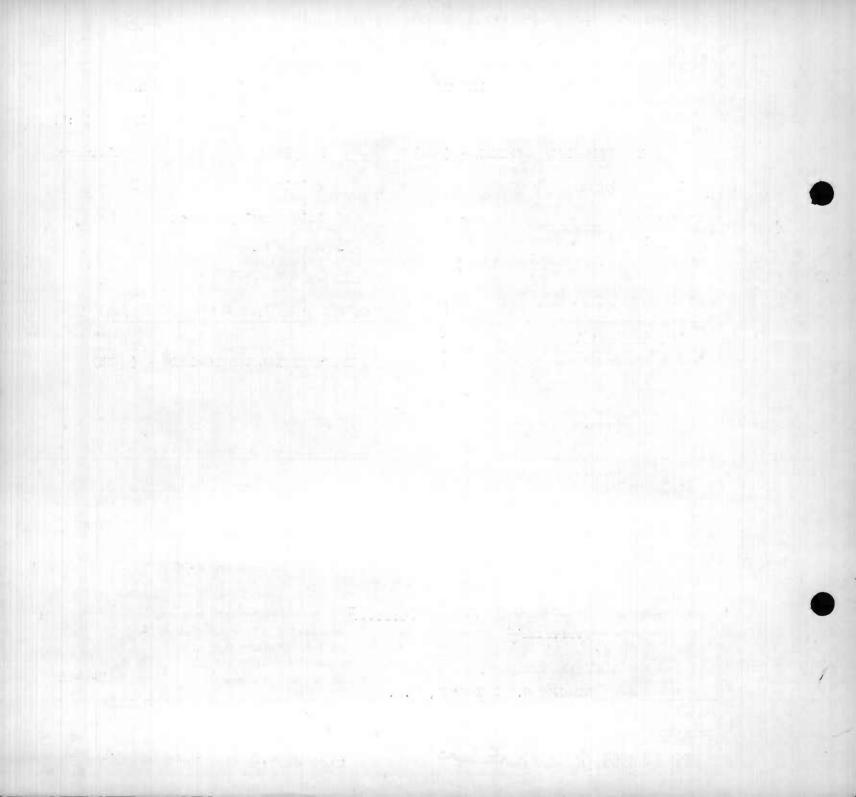
BALTIMORE CITY HEALTH DEPARTMENT

Marine Commission of the Commi Land Francisco Ass.

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such FUNERAL DIRECTOR: IMPORTANT

BATH NO. ME CASH NO. ME CASH NO. ME CASH NO DECEASED If you of them Be the lawry Hursey (Hurshey) Ethel Mary Hursey (Hurshey) Frace of Dath in Bathmore, maritann FILL BAME OF (If not in baspile) or institution, give sized colleges or incident) FULL BAME OF (If not in baspile) or institution, give sized (Institution) Lutheran Hospital (DOA) Lutheran Hospital (DOA) See Beltimore D. STREET ADDRESS If note, give believe (If institution is added by the strength of the college of the colle
Type or Phend Ethel Mary Hursey (Hurshey) PARCE OF DEATH IN SATIMORE, MARTAND RECEIPTOR (Hings) in begind or institution, give skeet of Modified or Hospital (DOA) Lutheran Hospital (DOA) Lutheran Hospital (DOA) SEE A STEE ADDRES (Ill mod agree location) SEE ADDRESS (Ill mod agree location) SEE A STEE ADDRESS (Ill mod agree location) Mary Land Mary Lan
LACE OF DIATH IN BALLINGS (MATLAN) LACE OF DIATH IN BALLINGS (MATLAN) FULL NAME OF MOSTIAL OR IUI not in hospical or institution, give sized oddies or locologn) FULL NAME OF MOSTIAL OR IUI not in hospical or institution, give sized oddies or locologn) Lutheran Hospital (DOA) SEE C. RACE P. MARRIED. NEVER MARRIED D. STREET ADDRESS III under 1 Ye. WID WID WID. INVOCACED Lipscify WID WID. INVOCACED Lipscify TO M. USUAL OCCUPATION/Give Sind of word locologn. III Under 1 Ye. WID WID WID. INVOCACED Lipscify TO M. USUAL OCCUPATION/Give Sind of word locologn. III Under 1 Ye. WID WID WID WID. INVOCACED Lipscify TO M. USUAL OCCUPATION/Give Sind of word locologn. III Under 1 Ye. WID WID WID WID WID. INVOCACED Lipscify TO M. USUAL OCCUPATION/Give Sind of word locologn. III Under 1 Ye. WID
FULL NAME OF NOSPITAL OR 105 not in hospital or institution, give steed Codes or location) Lutheran Hospital (DOA) Lutheran Hospital (DOA) SEE Lutheran Hospital (DOA) SEE SEE SEE SEE SEE SEE SEE S
Lutheran Hospital (DOA) Lutheran Hospital (DOA) Baltimore D. STRET ADDRESS (Ill rurol, give location) 3625 Gelston Drive See S. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCEO (specify) WIDOWED, DIVORCEO (specify) WIDOWED, DIVORCEO (specify) 8. Date Of Birth 9. AGE (in provide the distribution) AN USUAL OCCUPATIOR(Give kind of work) (De, KIND OF BUSINESS OR INDUSTRY 11). ERTHFLACE (State or foreign country) Maryland 14. MOTHER'S MAIDEN NAME RASE Hill S. Was Deceased Ever in U. S. Armed Forces? 18. Was Deceased Ever in U. S. Armed Forces? 18. Was Deceased Ever in U. S. Armed Forces? 18. Was Deceased Ever in U. S. Armed Forces? 18. Was Deceased Ever in U. S. Armed Forces? 18. Was Deceased Ever in U. S. Armed Forces? 18. Was Deceased Ever in U. S. Armed Forces? 18. Was Deceased Ever in U. S. Armed Forces? 18. Was Deceased Ever in U. S. Armed Forces? 18. Was Deceased Ever in U. S. Armed Forces? 18. Was Deceased Ever in U. S. Armed Forces? 18. Was Deceased Ever in U. S. Armed Forces? 18. Was Deceased Ever in U. S. Armed Forces? 19. Was Deceas
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23A. SIGNATURE M.D. Attending Med. Stoff
M.D. Attending Med. Stoff
111/4
23C. PHYSICIAM'S NAME (Type)
NAME (Type) // C // P M.D. /C // C & S O R & S T
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, of county) (Sto
REMOVAL (Specily)
Burial 2/16/68 Mt Calvary Cemetery Anne Arundel County Md. 5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. PUNERAL DIRECTOR ADDRESS
5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. PUNERAL DIRECTOR ADDRESS
FEB 13 1968 Relate E. Fallans Wm C. March 928 E. North Ave.
\$ 150-REV. 1/1/65





34-RED-NO3 1751 CERTIFICATE OF DEATH

IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT DK. EDWARDS

NO

Hours

USA

ADDRESS

Md.

If Under 24 Hrs.

21701

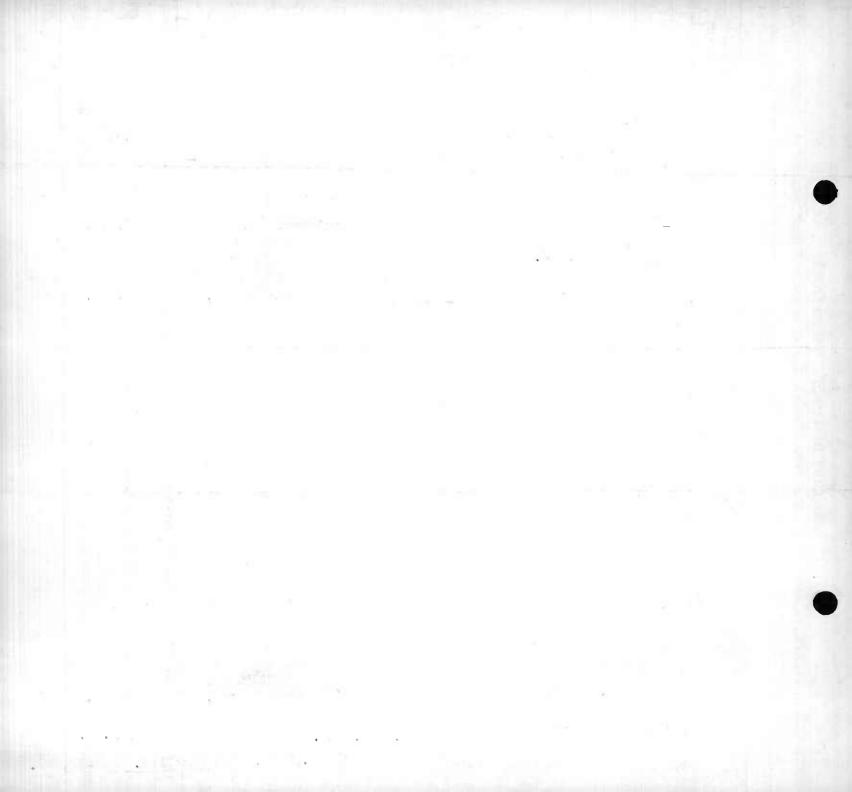
APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

ADDRESS

5-25	2 68-	- 1752 BALTIMORE C	TY HEALTH DEPARTMEN		68- 1752
BIRTH NO.		INIA SCOGGINS	ATE OF DEAT	TE AND HOUR OF DEAT	
Type or Print)	/IRGINIA	SCOGGINS		2/11/68	P30
3. PLACE IN BAL		THERE PRONOUNCED DEAD		(Where deceased fived. If COUNTY BALT IMORE	institution: residence before admission
HOSPITAL OR	BALTIMORE CI	AL OR INSTITUTION, GIVE STREET ATION) TY HOSPITALS	C.CITY OR TOWN Dundalk		VES NO X
31	4940 Eastern Baltimore, M	Avenue aryland 21224	1924 HAZEL	MERE ROAD - 2	1222
FEMALE	6. RACE WHITE	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 11/21/25	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
	working life, even if retired)	Motel	North Care		U.S.A.
3. FATHER'S NA	SAMUEL J	• Scoggins	14. MOTHER'S MAIDEN STRICKLA		
5. Was Deceased Yes, no or unknown NO	Ever in U. S. Armed For (If yes, give wor or date	16. SOCIAL SECURITY NO. 259-26-9984			ore Cityodicspitals timore, Md. 21224
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(APPROX.)		While At Work At We			
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and haur and) view the bady after de		238, DATE SIGNED
23C. PHYSICIA NAME (T	N'S ype R. RAMPTO	N DEGREE	23D. ADDRESS BALL 4940 Easter	IMORE CITY HO	SPITALS timore, Md. 21224
Burial CRE	MATION, 248. DATE 2/13/0	24C. NAME of CEMETERY or Rutherford Co.	CREMATORY 2		(City, town, or county) (Stote)
SA. DATE REC'D	4 1368 P.L.	25B. NAME OF REGISTRAR	25C FUNERAL DIR	CTOP	Ave. Dundalk, Md.

VS 150-REV. 1/1/6B



VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

AND AND THE REST OF THE PARTY O 3 Joll Robert Averve 78 18-11-10 MARYEND PARSON 2 May 212 day wes wayo7

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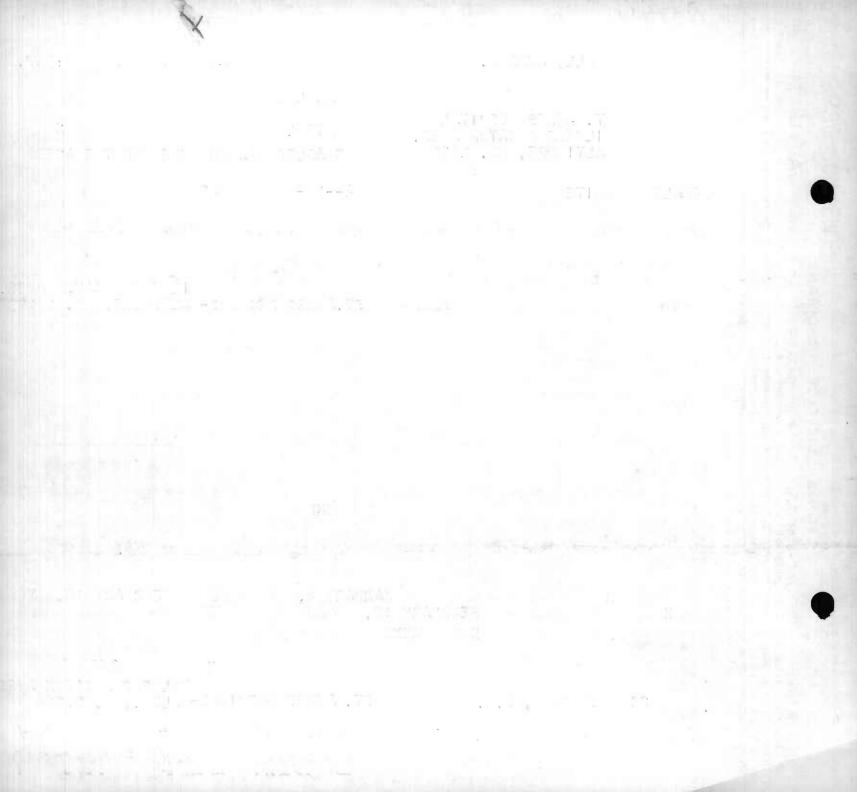
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IMPORTANT DIRECTOR: FUNERAL

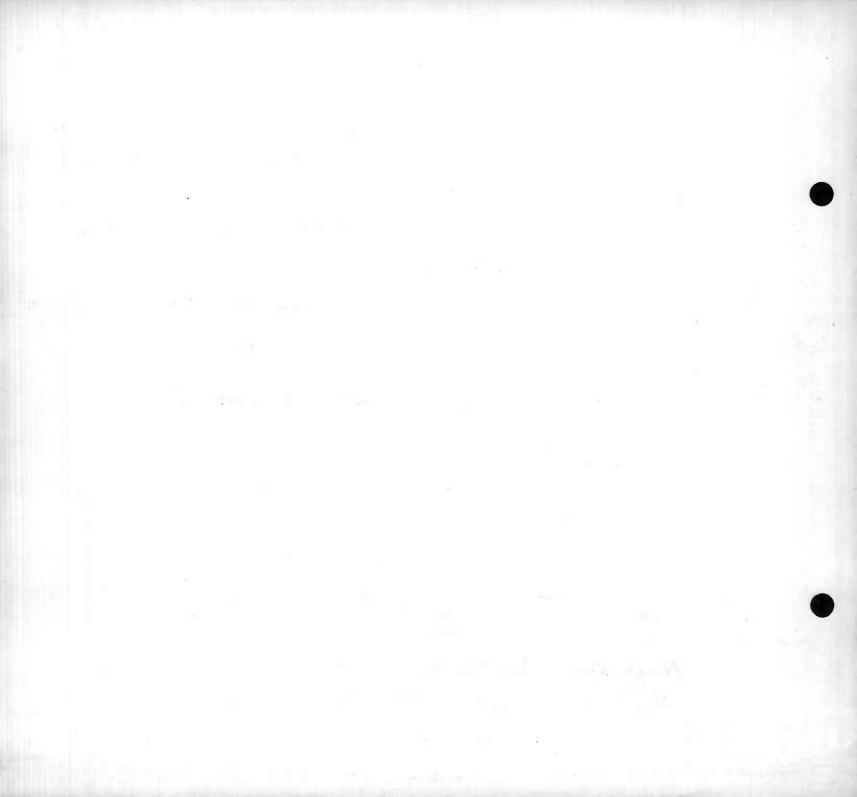
VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT 1968 3400 D. INSIDE CITY LIMITS? NO X FOR THE AGED If Under 1 Yr. Manths! Days If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? WILKENS & CATON BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) FEBRUARY 23B. DATE SIGNED 02/10/68 WILKENS & CATON AVES HOSPITAL-BALTO., MD (City, town, ar county)



FUNERAL DIRECTOR: IMPORTANT

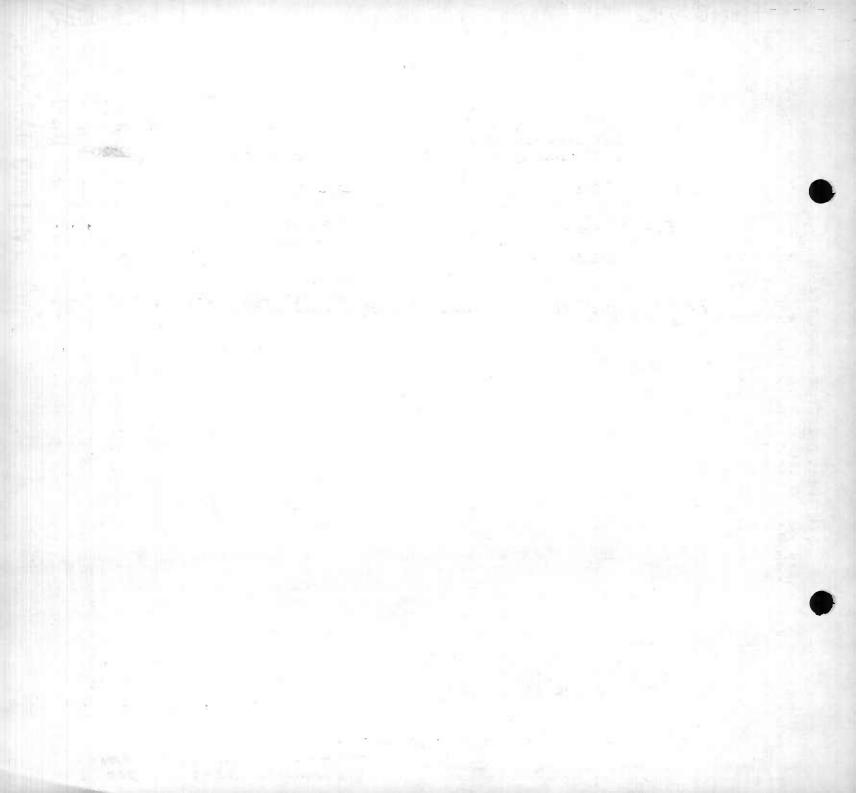
/ O		- 1755	CEDTIFIC	ATE OF DEATH	REG NO.	68- 1755
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Type or Prin		to.	4) 6	2.001		(4.17.2.2
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3. PLACE IP	N BALTIMORE, MARYLAND, V	WHERE PROMOU	NCED DEAD	A. STATE B. COL	JNTY	stitution; residence before admission
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21				E. STREET AND NUMBER		
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. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
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OA LISTIAL	OCCUPATION (Give kind of wor					12, CITIZEN OF WHAT COUNT
	most of working life, even if retired)					
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3. FATHER	'S NAME			14. MOTHER'S MAIDEN N	AME	
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	ceosed Ever in U. S. Armed Fonknown) (If yes, give wor or dote		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO				CHARLES	PYECHA	ABOVE
18.			CAUSE OF DEA		, ,	APPROXIMATE INTERVAL
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UNDER STOTHER	In the abave cause (A) RLYING CONDITION last.	ONTRIBUTING THE TERMINAL RT 1 (A). NOTITION FOR W RFORMED 21B. I home etc.) (Hour) 21E. Whill Work ff) attended the ed alive an	(C)	20A. AUTOPSY? (Yes or provided in the provided	No) 20B. IF YES, WERE IN CERTIFYING CAI (It In Boltimor NJURY OCCUR? 19 4 8 ta that in (my) (****) api	USES OF DEATH? The City, give exect location 19 19 19 19 19 19 19 1



51-10-27 ED	1756 CERTIFICATE OF DEATH RES. NO.) 68- 1756	
P40 04	BIRTH NO. 68- 1756 CERTIFICATE OF DEATH	
hospital and se of death (5) Deceased ance on the death. Such	(Type or Print) 13 RIVAN DO NNA 2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH 3-10-1968	DM
Dec of ath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before of A. STATE 8. COUNTY	dmission)"
_ , _	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION) Maryland BAUTO. 53 C. CITY OR TOWN D. INSIDE CITY LIMITS?	-00
c 32.44	Baltimore City Hospitals Baltimore CSSEX VES NO X E. STREET AND NUMBER	
D.=_ 0.E.	4940 Eastern Ave. Baltimore, Maryland # 21224	
occurre ontribut rrmined egular assed p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years If Under 1 Yr., If Under 1 Yr., If Under 1 Yr.) If Under 1 Yr. Hours in the last birthday Months: Days in Hours in the last birthday Months: Days in Hours in the last birthday in the last birthday Months: Days in Hours in the last birthday in the las	or 24 Hrs. Min.
00-0-	Female White WIDOWED DIVORCED 8-12-82 85 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT (done during most of working life, even if refired)	
or nde de itio	HOUSE WISE Kentucky U.S.A. 13. FATHER'S NAME	
# 50 € ¥ ± 0	PCPVIAG P	
Stant the di kind; death nce on	WILLIS 15. Was Docoasod Evor in U. S. Armod Forces? (Yes,no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 77. INFORMANT \$2122 3/3-14-48/0BCH; Records: 4940 Eastern Ave. Baltimor	4 Md.
or fi	18. APPROXIMATE IN BETWEEN ONSET A	TERVAL
IMPORTANT or his assistant Also, if the dir re of any kind; (nounced death attendance on med or final dis	TDISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:	
OR: iner ner. actur prol	heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.)	
DIRECTOR: cal examiner al examiner. s; (3) A fractu cian who pre sis in regular	ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the	
S in sins	UNDERLYING CONDITION Iosi. (C)	
# 0 E := 2 G	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	
A sie de de sist	199. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
FUR tal by 5; (2) B here til Vo phy before	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout) 21C. WHERE DID home, form, foctory, street, office bldg. INJURY OCCUR?	
wed by hospinature cept well (6) If a sined	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work	
a appropriate to the of any all (exch); and be obt	22. I certify the (1) this haspitol) ottended the deceased fram 7 1968 to 9 19 thot (1) we) lost saw the deceased olive on 19 68 and that in (my) (our) opinion death occurred on ond hour and from the causes stated above (1) (We) (did) (did not) view the body ofter death.	the dote
ust be a leased to ident of hospital o death)	23A, SIGNATURE Attending Med. Stoff 2 23B, DATE SIGNED 23B, DATE SIGNED 2 - 1 A - 8 - 8 - 8 - 8 - 8 - 8 - 8 - 8 - 8 -	
icate m was reli An acci L at a prior to	NAME (Type) 4940 Eastern Ave. Baltimore, Maryland	
W A A Proposed	P. Desmond OEGREE Baltimore, City Hospitals #21224, 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)	(Stote)
This certificate the body was r shows: (1) An awas D.O.A. at a deceased prior written approv	REMOVAL 2/13/68 RICE ELKHART IND	
This the I show was dece	FEB 14 1968 OCCUPANTE LER - GUTERMUTH ELKHART CONNELLY SONS 300 MACE	- Ins
	VS 150-REV. 1/1/6B	

Williamshif Pull

(- 150			BALTIMORE CITY	HEALTH DEPARTMENT	1	CO dripping
RIPTH NO	63	- 175	7 CERTIFICA	TE OF DEATH	REG NO	08- 1/5/
I. NAME OF DEC	EASED .	(11 1/	20.:	101		-A-AM
	covere con	wee	ceam J.	/	/	> 5 /7-1/1- M.
3. PLACE IN BAL				A. STATE B. COU	NTY	Δ.
FULL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC.	AL OR INSTITU	UTION, GIVE STREET			Saltimore 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
INSTITUTION						YES NO 4
31				E. STREET AND NUMBER		27020
C OFF						21220
					last birthdovi	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
						12. CITIZEN OF WHAT COUNTRY?
done during most of	working life, even if retired)					U.S.A.
			3766		ME	
207	William J	ames			Sadie	?
			16. SOCIAL	17. INFORMANT		ADDRESS
YES	WW 11	0. 00111001	225-14-8018	Records: BCH-4	940 Eastern	Avenue 21224
18. 44 3 1	1,01	ALO T	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	al mean the mode af					J
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	ANTECEDENT CAUSES		(B) Heppe	struscon		
			DUE TO, OR AS	A CONSEQUENCE OF:		
		oraning mo	(c)			
z 33/X	11	A I TRICKI I TO A				
O THE DEAT	H BUT NOT RELATED TO T	HE TERMINAL				»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»
U 19A. DATE OF	OPERATION 198. CON	DITION FOR	WHICH OPERATION		20B. IF YES, WERE	FINDINGS CONSIDERED
2//2	168	con a la	-Le			
, OR CONTRIBL	JTING CAUSE OF	hom	e, form, factory, street, of	fice bldg., INJURY OCCUR?	(It in Boltimo	re City, give exoct location)
U		19-5		21F. HOW DID IN	JURY OCCIIR?	
OF INJURY		Whi	le At Not While			
22 Leastify	that (1) (this basnita			9/11/60	10 4 2/	12/68 19.
				19 and t		
			/ ' '			
	RE	A /	· /		/	23B. DATE SIGNED
	peraera	/ curon	au nuy Atte	nding Med. Director	Staff Phys.	2/12/68
23C. PHYSICIA NAME (T		Jimmanit.	Va	Dall		
			GEGREE	4940 Eastern A	venue, Ealtin	more, Maryland 21224
REMOVAL	Specify) 24B. DATE	1				
REMO		68 NE	W HOPE BA	PTIST AI	10MATTE	OX VA.
		A 2 3	Calca MA	RICHARD	ROBINSON	APPOMATTOK VA
		20 -1	,	CONNELL	sons	300 MACE
	Type or Print) 3. PLACE IN BAL FULL NAME OF HOSPITAL OR INSTITUTION 5. SEX Male 10A. USUAL OCCIdence during most of the Company of the C	I. NAME OF DECEASED (Type or Print) 3. PLACE IN BALTIMORE MARYLAND, W FULL NAME OF ADDRESS OR LOC. Baltimore C 4940 Easter Baltimore, M 5. SEX 6. RACE Male White 10A. USUAL OCCUPATION (Give kind of world done during most of working life, even if retired) LECTRICA 13. FATHER'S NAME William IS. Was Deceased Ever in U. S. Armed For (Yes, no or unknown) (If yes, give wor or dote working life, even if retired) LEADING TO DEATH (This daes nall mean the mode of heart failure, asthenia, etc., it means injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last. NO OTHER SIGNIFICANT CONDITION last. NO OTHER SIGNIFICANT CONDITION GIVEN IN PART 199A. DATE OF OPERATION 198. CON WAS PRESENTED TO THE DEATH BUT NOT RELATED TO THE DEATH (notify medical examin) 21A. ACCIDENT WAS UNDERLYING OF INJURY (APPROX.) 22A. SIGNATURE 23A. SIGNATURE 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT.	INAME OF DECEASED (Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOF FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospital OR INSTITUTION Baltimore, Maryland S. SEX 6. RACE Male White 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if refired) ELECTR ICA 13. FATHER'S NAME William James 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) ES DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does nat meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION lost. 3 3 IN OTHER ESIGNIFICANT CONDITION S. OTHER SIGNIFICANT CONDITION S. OR CONTRIBUTING AUSE OF DEATH (notify medical examinal policy medical examination policy medical examination policy medical examination policy	BIRTH NO. I. NAME OF DECEASED (Type or Print) 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF DECEASED (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OF H	NAME OF DECEASED (Type or Paint 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF NOTH IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF NOTH HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF NOTH HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) BALTIMORE MARYLAND ZIZZ44 S. SEK Male White FOR JUSTAL OR White WIDOWED DIVORCED TO AUSUAL OCCUPATION IGNE kind of work! OR. KIND OF BUSINESS OR INDUSTRY TO AUSUAL OCCUPATION IGNE kind of work! OR. KIND OF BUSINESS OR INDUSTRY TO AUSUAL OCCUPATION IGNE kind of work! OR. KIND OF BUSINESS OR INDUSTRY TO AUSUAL OCCUPATION IGNE kind of work! OR. KIND OF BUSINESS OR INDUSTRY TO AUSUAL OCCUPATION IGNE kind of work! OR. KIND OF BUSINESS OR INDUSTRY TO AUSUAL OCCUPATION IGNE kind of work! OR. KIND OF BUSINESS OR INDUSTRY TO AUSUAL OCCUPATION IGNE KIND OF BUSINESS OR INDUSTRY TO BUSINESS OR CONDITION DIRECTLY LEADING TO DEATH This does not mean the mode of dying, e.g., heart failure, safsharia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDRESTING CONDITION IGNE. TO THE DEATH BUT NO! RELATED TO THE TERMINAL DISEASE OR CONDITION IS NOT AS A CONSEQUENCE OF MASS AUGUSTAL DISEASE OR CONDITION IN FOR WHICH OPERATION WAS TESTING TO THE DEATH BUT NO! RELATED TO THE TERMINAL DISEASE OR CONDITION IN FOR WHICH OPERATION WAS TESTING TO THE DEATH BUT NO! RELATED TO THE TERMINAL DISEASE OR CONDITION IN FOR WHICH OPERATION WAS TESTING TO THE DEATH BUT NO! RELATED TO THE TERMINAL DISEASE OR CONDITION IN FOR WHICH OPERATION WAS TESTING TO THE DEATH OF THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION WAS TESTING TO THE DEATH OF THE TESTING TO THE TERMINAL DISEASE OR TO THE TESTING	BIRTH NO INSANGE OF DECASED INSANGE OF DECAS



T-46	5		BALTIMORE CITY	HEALTH DEPARTMEN	r	00	4000	
BIRTH NO.	68	- 175	8 CERTIFICA	TE OF DEATH	Registered Na.	00	1/30	
M.E. CASE NO. NAME OF DE	0.0			2. DATE	eb. 11, 1968		1:45 P.M.	
. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Where deceased lived, If it	nstitution: res		
FULL NAME		or institution,	give street	Md.				
HOSPITAL OI	R address or location	1)		c. city or town (f autside city limits, wire	RYRAL and	give towashii)	
1469	Stevenson Stre	et,Balt		D. STREET ADDRESS 3512 7th.	(If rurol, give locotion) Street, altim	ore, Md	. 21225	
SEX F	6. RACE	WIDOWED	NEVER MARRIED DIVORCED (specify)	12-22-01	9. AGE (In years last birthdox)	If Under Months	Yr. If Under 24 Hrs Days Hours Min,	
ane during most o	CUPATION (Give kind af wark of warking life, even if retired) Bewife	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	foreign country)	12, CITIZI WHA	T COUNTRY?	
3. FATHER'S NA	seph Gergley		III-Kor-	14. MOTHER'S MAIDEN				
S. Was Decease res, na ar unknov	ed Ever in U.S. Armed Far wn) (If yes, give war ar date	ces? s of service)	215-05-5357	17. INFORMANT Daughter: Mr	s. Florence M		1469Stevensa	
18.	2,91		CAUSE O	F DEATH			NTERVAL BETWEEN	
DISE	ASE OF CONDITION DIR LEADING TO DEATH	ECTLY	Gene	eralized carcinomatosis			5 months	
	not mean the mode of		DUE TO	,1 G.2.13 C.) monding	
	e, oslhenia, etc. II meons omplication which coused ANTECEDENT CAUSES		(B)	noma of breas	t, right	1	year	
rise to t	OR CONDITIONS, if the obove cause (A) NG CONDITION last,		(C)				***************************************	
OTHER SIGN TO THE DISEASE O	II NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I	TED TO TH	Garcinoma	of uterus			10 years	
19A. DATE &	DE OPERATION 1198 CON	DITION FOR V	which operation breast	20A. AUTOPSY? (Yes o	(No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS (CONSIDERED EATH?	
OR CONTRI	BUTING CAUSE OF	218. ham etc.)	e, form, factory, street, a	ar about 21 C. WHERE DI	O (If in Baltimar	e City, give	exact lacation)	
21 D. TIME OF INJURY (APPROX.)	(Month) (Day) (Yeor)		INJURY OCCURRED -	e	INJURY OCCUR?			
22. I certif	y that (1) (this hospito l) attended th	ne deceased fram 12	2-4-67	19 ta 2-	11-68	19	
that (I) (we	e) last saw the decease	d alive an	1-29-68	19and	d that in(my) (ठ ००) opl	nion death	occurred an the da	
and haur a	nd fram the causes stat	ed obave. (I) (\u00e4c) (did) (did not) v	iew the bady after dea	th.			
23A. SIGNAT	TURE D AD	nI	, A. S. A.		S #	238. DATE		
	1/0/	Ulu	Phy		Stoff Phy s.	2-1.	1-68	
NAME		Chiu	M.D.	1 E? Randa	ll Street, Bal	timore	,Md.21230	
AA. BURIAL CE	REMATION, 248. DATE	24C.NA	AME of CEMETERY OF CRI	MATORY 241	LOCATION (C	ity, tawn, at	county) (State)	
Buri	- 1- 1		Cedar Hill Ce	metery	Anne Arundel	Co. Mc		
SA. DATE REC	4 1968 (R.C.)	SE NAME O	of REGISTRAR	m Cally F.		tapsco	ADDRESS Ave. 2122	
S 150-REV. 1/1	1/65			/				

C. E. Eller

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VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

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M-212 00 1	BALTIMORE CITY	HEALTH DEPARTMENT		
11-262 68-1	CERTIFICA	TE OF DEATH	REG. NO.	68-1760
BIRTH NO.	CERTIFICA			2.30
1, NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	~3.5
Type of Phat YIRGINIA MAG	ROSKI	0	2/11/60	J P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If in	stitution: residence before odmission
			00	1 12
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	ind,	A.A.	50-90
OSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN		DE CITY LIMITS?
1		CLEN BURNI		YES NO NO
LUTHERAN HOSPI	(14)	E. STREET AND NUMBER		
0		1248 ASTER	200	
Li a a a a a a a a a a a a a a a a a a a			0. 405.0	
SEX 6. RACE 7. MARR	RIED NEVER MARRIED		9. AGE (In years lost birthdown	Months Doys Hours Min.
WIDON	WED DIVORCED	Sept 16-1881	86	
DA. USUAL OCCUPATION (Give kind of work 10B, KIN)	D OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTE
one during most of working life, even if retired)		101		01-1
House Wite.		POIANA		El. S. A
FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	
		7/		
UNKNOWN		UNKNOW	N	
. Was Deceased Ever in U.S. Armed Forces? es,no or unknown (If yes, give war or dates of servi	16. SOCIAL	17. INFORMANT	no well	ADDRESS
es, no or disknown till yes, give wor or dotes or servi	SECURITY NO.	Edward MARGI	KOWSK9/	. P 11
100	X12-54-71387	1248 HSTER 1	RIVE CTR	NDURNIE - MOL
18. 412.9 1	CAUSE OF DEAT	H		BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY				
LEADING TO DEATH	(A)IMMEDIATE CAL	PNEUNONI	A	DAYS
(This does not mean the made of dying,		A CONSEQUENCE OF:		
heart failure, asthenia, etc. It means the dise	ase,			
injury ar complication which caused death.)		= ()		ALCAST ILE
ANTECEDENT CAUSES	(B) STRO	OKE (CNA.)		MONTHS
DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cause (A) stating	the ASC	JD		YEARS
UNDERLYING CONDITION last.	(c)			
4-2-2, 1 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
IO THE DEATH BUT NOT RELATED TO THE TERMING DISEASE OR CONDITION GIVEN IN PART 1 (A).				
	OR WHICH OPERATION	20A. AUTOPSX? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION F		NO	IN CERTIFYING CA	USES OF DEATH?
u [230 81 405 07 11111011		106	Ch
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	(It in Ballimor	e City, give exact location)
DEATH (notify medical examiner)	etc.)			
	21E. INJURY OCCURRED	21F. HOW DID INJ	LIRY OCCILE?	
OF INJURY (Month) (Doy) (Yeor) (Hour)			ON OCCUR:	
(APPROX.)	While At Work Not Whi		13 A CO.	
22 1			1968 to 8/	11 1068
22. I certify that (1) (this hospital) attend	ea the deceased from	26		19 00
that (I) (we) lost sow the deceased alive	on on	19 6 8 and th	ot In (my) (our) opi	nion deoth occurred on the de
ond hour ond from the couses stated above	e. (1) (We) (did) (did not)	view the hady ofter death	,	
23A. SIGNATURE	Taray (ara not)	the body offer dedills		23B. DATE SIGNED
	Au	ending Med.	Shall Treat	- 7117(X
J. Quas	DEGREE Phy		Staff Phys.	2/11/00
23C. PHYSICIAN'S		23D. ADDRESS		
NAME (Type)	The state of the state of	LUTHER	AN HOS	PITAL
F. QUERAL	DEGREE	2011.01		
4A. BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CR	EMATORY 24D. L	OCATION (C	ty toyen, or county) (Stote)
REMOVAL (Specify)		2	4 + 1	11 6 . 2 2 41
KMOVA1 2/12/68		De	1RQ11 /	112119 HN
SA. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C FUNERAL DIRECTOR	111	ADDRESS
FEB 14 1968 Reliab 2.	Sidney May	11/1/1/11/11	Knltim	De Mal
FER TO 1200 OFKWA 1.		11/000119	(A+()) () C	101100
/S 150-REV. 1/1/6B		,		



BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/6B

NO If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exoct location) ...ond that in (my) (our) apinion death occurred on the date (City, town, or county)

HILTER OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF FUNERAL DIRECTOR: IMPORTANT

1	1121		BALTIMORE CITY	HEALTH DEPARTMENT		68- 1762
9	90 004	- 178	2 CERTIFICA	TE OF DEATH	REG. NO	00 11012
BIRTH NO.	F DECEASED			DATE	AND HOUR OF DEATH	
(Type or Pri		CH , M	14er IMEYE	R) t	AND HOUR OF DEATH	
3. PLACE I	N BALTIMORE, MARYLAND, V	HERE PRONOU	NCED DEAD	A. STATE B. CO	UNTY	stitution: residence before odmission)
FULL NAM		AL OR INSTITU	TION, GIVE STREET	Md B	altimore	5-0/
HOSPITAL		A IION)		Laltmor.		DE CITY LIMITS?
7 1	DALE AGED HOME			E. STREET AND NUMBER		YES NO NO
GREEN	SPRING & BELVEDE	ERE AVES.		11 1	SHOW ENBALTI	MORE STREET
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
MALE		WIDOWED	DIVORCED X	1-1-1900	68	TO CITITAL OF WHAT COUNTY
	OCCUPATION (Give kind of wor most of working life, even if retired)	KIOB, KIND OF	BUSINESS OK INDUSTRE	Baltim	100	12. CITIZEN OF WHAT COUNTRY?
-	BORER	CI	TY	3	MARYLAND	021
13. FATHER	ac Goldrie	h		Dora R	erele	
15. Wos De	ceosed Ever in U. S. Armed Fonknown) (If yes, give wor or dot	rces?	6. SOCIAL SECURITY NO.	17. INFORMANT	112011 5	ADDRESS
YES	W.W. I	ov or service,	JECOKIII NO.	Barney Gold	brich 3911 S	even Mile Lane 21208
18. / /	419		CAUSE OF DEAT	н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	DISEASE OR CONDITION DI	RECTLY		0	1 1 0511-1	2 2
(This	LEADING TO DEATH loes not meon the mode of	dvina e a	(A) IMMEDIATE CAL		Layny	5 4 rs.
hearl f	ailure, asthenia, etc. Il means or complication which coused	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		
injury	ANTECEDENT CAUSES					
DISEA	SES OR CONDITIONS, if		(B)	A CONSEQUENCE OF:		~~~~~~
rise I	o the obove cause (A) RLYING CONDITION last.		(c)			
16	/ X II					
	SIGNIFICANT CONDITIONS CO					
▼ DISEAS	E OR CONDITION GIVEN IN PA	RT 1 (A).	HICH OPERATION	20A. AUTOPSY? (Yes or	No. 208, IF YES, WERE I	FINDINGS CONSIDERED
ERTIFIC 19 V · DA	WAS PER	FORMED	Men of Examon	2010131.1105	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CO	CCIDENT WAS UNDERLYING NTRIBUTING CAUSE OF (notify modical examiner)		PLACE OF INJURY (e.g., i , form, foctory, street, o	n or obout 21C. WHERE DIE ffice bldg., INJURY OCCUR	(If In Baltimor	o City, give exoct location)
21 D. TI		(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
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22. 1 c	ertify that (1) (this haspita	I) attended the	e deceased fram	2-10-	19 6 6 ta	2-12 1968.
			_			nion death accurred an the dote
	ur and fram the causes sta	ted abave. W	(We) (did) (did nat)	view the bady after dear	th.	
23A. SIC	A daiz	7	Atte	ending Med.	1 Shoff 🗔	2-12-68
020 84			OEGREE Phy	s. Director L.	Staff Phys.	2-12-08
23C. PH	YSICIAM'S Jose AR	DAIZ	OEGREE	No. 7 Oberlin C	ourt, Towso	n. Md 21204
	L CREMATION, 24B. DATE	24C.NA	ME of CEMETERY of CR	EMATORY 24E	LOCATION (Ci	ty, town, or county) (Stote)
BUR		OHEL	. YAKOV	0571170	BALTIMORE, M	ARYLAND
	REC'D BY HEALTH DEPT.	258. NAME O		SOL LEVINSO		ADDRESS
VS 150-REV	1/1/48					

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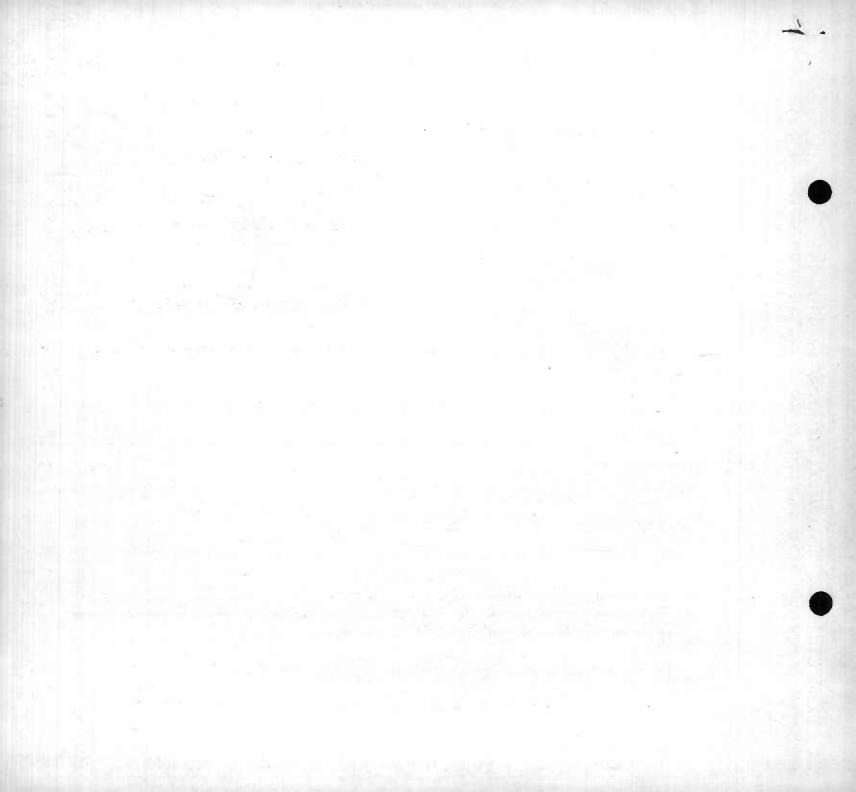
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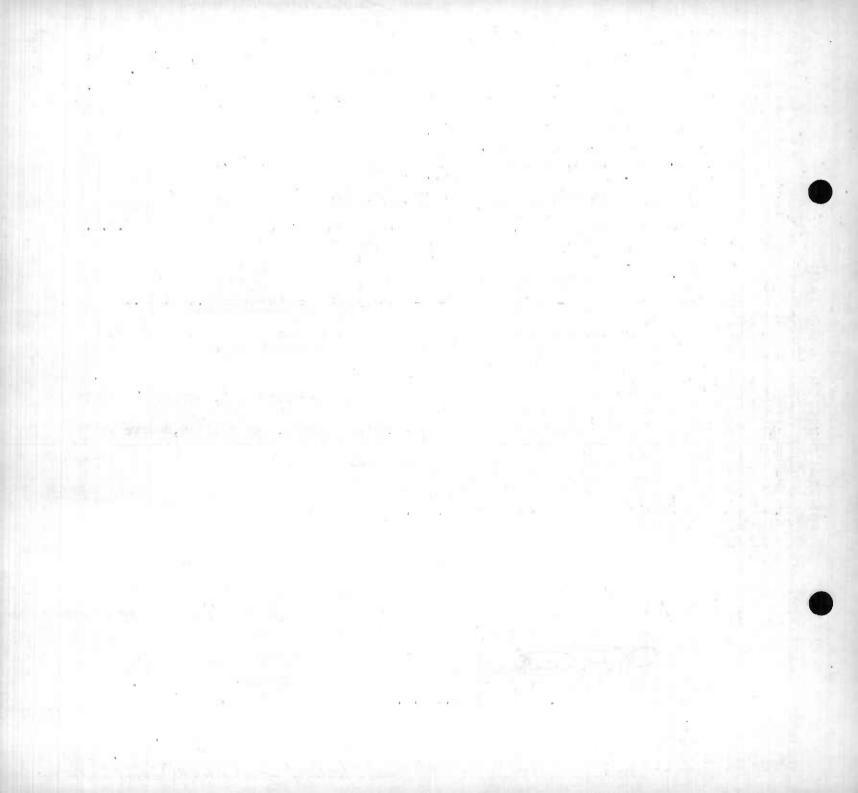
Mr. T. Smark

- Landage of the

BALTIMORE CITY HEALTH DEPARTMENT 2 DATE AND HOUR OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; residence before admission If Under 1 Yr. 12. CITIZEN OF WHAT COUNTRY U.S.A. 6518 EBERLE DR., APT. 202 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) 19 and that in(my) (our) apinion death occurred an the date 23 B. DATE SIGNED town, or county)/s BALTIMORE, MARYLAND SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD VS 150-REV. 1/1/6B



BIRTH	40	68	- 176	4 CERTIFICA	TE OF D	EATH REG	G. NO	5- 1764
	AE OF DECE					2. DATE AND HOUR OF	, 1968	4:55 A
3. PLA	CE IN BALT	MORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESI	DENCE (Where deceased B. COUNTY	fived. If institution	residence before admiss
FULL HOSPI INSTIT	NAME OF TAL OR UTION	(IF NOT IN HOSPIT,	AL OR INSTITU	UTION, GIVE STREET	Maryla c. CITY OR TOV	ind	D. INSIDE CITY	-32
2		terans Admin		on Hospital	Baltim E. STREET AND		YES [NO D
	Ba	ltimore, Mar				laflin Ct.		*
s. sex		Negroid	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIR 2/17/1	lost birthday		der 1 Yı. If Under 24 Hours Min
10A, US	UAL OCCU	PATION (Give kind of work orking life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign country)	12. CI	TIZEN OF WHAT COUN
gone qu		ed laborer	Civil	Service	Baltim	nore, Md	U	S.A.
13. FAT	HER'S NAM	E		10012 - 101	14. MOTHER'S	MAIDEN NAME		
Wa	alter C	lark	2		Betty	Williams		4
Yes, no	or unknown)	Ever in U. S. Armed For (If yes, give war or date	4 4	SECURITY NO.		VA Hospital		ADDRESS
Ye	S	3/17/44 - 12	/13/44	212-12-4032		h Raven Blvd.	, Balto.,	Md 21218
1B.	410.	9 1		CAUSE OF DEAT	Proba	ble		APPROXIMATE INTERVA
		OR CONDITION DIF EADING TO DEATH	RECTLY			erdial Infarct	on.	0
		I mean the mode of isthenia, etc. It means		(A) IMMEDIATE CAL	A CONSEQUENCE		71011	
		olication which caused						
	A	NTECEDENT CAUSES		(B) Coron	ary Arter	rioclerosis, s	severe	years
		R CONDITIONS, if above cause (A)		DUE TO, OR AS	A CONSEQUENC	CE OF:		**************************************
		CONDITION last.	siding ine	(c) Arter	ioscleros	sis, generali:	zed, severe	years
O OT	HER SIGNIFIC	II CANT CONDITIONS COIL BUT NOT RELATED TO TH	NTRIBUTING HE TERMINAL	Cereb	ral thron	nbosis	Andre	7 years
	EASE OR CO	OPERATION 198. CON WAS PERF	T I (A).	WHICH OPERATION	20 A. AUTOP	SY? (Yes or No) 20B. IF Y	ES, WERE FINDING	GS CONSIDERED
ER 31	1/17/68	Ischen Tschen	i c gang	rene, rt. foo PLACE OF INJURY (e.g., i e, farm, factory, street, of	t ye	USS MAN	les	
OR DE	CONTRIBUT	T WAS UNDERLYING TING CAUSE OF	hom etc.	e, farm, factory, street, of	fice bldg., INJUR	Y OCCUR?	in Boltimore City, g	live exoct location
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S OF	INJURY PPROX.)		Whi	ile At Not Whit		OW DID INJURY OCCU	K.	
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							(aur) apinian de	eath accurred an the
and haur and from the causes stated above. (f) (We) (did) (h)th/not/ view the bady after death. 23A. SIGNATURE								ATE SIGNED
	0	NALC:	R). =		nding M	Ned. Staff Phys.	2/6/	
230	PHYSICIAN NAME (Typ	rs	March	DEGREE Phy	23 D. ADDRESS	3900 Loch Ra		00
	NAME (Ty	RICHARD F. K	IEFFER			Baltimore, M		
	URIAL CREN	ATION, 24B. DATE		AME of CEMETERY OF CRE	MATORY	24D. LOCATION		, gi coupity) (Sto
R	MOVAL (Sp		2 2	all Notin	1 00	1501	4 N	1-/
25A. D	ATENRECIDA	BY HEALTH DEPT.	25B. NAME C	DE REGISTRAR	2SC FUNER	AL DIRECTOR	1.0.111	ADDRESS
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5 150	-REV. 1/1/61	R		* *	KUMA	4 WILLIAM	and //	1 WILDLING



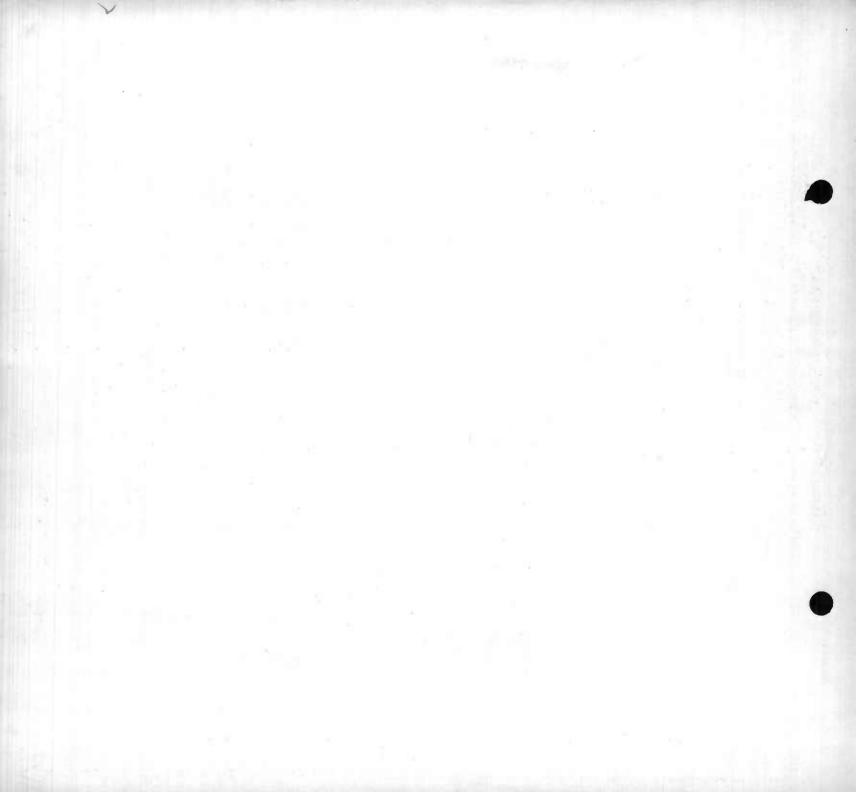
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	cer	po	15: (D.G	ase	1
	This certificate must be approved by the chief medical examiner or his assistant if	the body was released to the hospital by a medical examiner. Also, if the direc	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4)	was D.O.A. at a hospital (except where the physician who pronounced death w	deceased prior to death); and (6) No physician was in regular attendance on th	and the second and th
	T	+	S	3	P	

P = D = E	BIRTH NO. 68- 1785 CERTIFICATE OF DEATH REG. NO. 68- 1765
hospital and ise of death (5) Deceased ance on the death. Such	1. NAME OF DECEASED (Type or Print) Clarence Hamlet 2/9/68 10 20 Am.
hospita use of (5) Dec lance o death.	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) A. STATE B. COUNTY MARYLAND, CITY OF BALTIMORE
in a horizonal de la cause; (sause; (sause; cause) affenda or to d	THE JOHNS HOPKINS HOSPITAL BALTIMORE E. STREET AND NUMBER
tributing mined car gular att sed prior made.	S. SEX 6. RACE 7. MARRIED NEVER MARRIED
contributed in regule eceased on is ma	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Sigle or foreign country) 12. CITIZEN OF WHAT COUNTRY?
if dea rect or (4) Und was the d ispositi	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
istant he dir kind; (death ce on nal dis	HERBERT HAMLETT 15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, ng or unknown) (II yes, give wor or dates of service) Yes 3/45 fo 1/46 16. SOCIAL SECURITY NO. LAURA BETTS 17. INFORMANT LAURA HAMLET 17. INFORMANT LAURA HAMLET ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS
or his ass Also, if t re of any nounced attendan Imed or fi	There exercises the mode of dying, e.g., CAUSE OF DEATH LEADING TO DEATH (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (B) DIE O OR AS A CONSEQUENCE OF:
caminer. A fractumento pro regular re emba	heart failure, asthermo, etc. If means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
nedical exedical exedical expurns; (3) hysician n was in emains a	rise to the above couse (A) stating the UNDERLYING CONDITION tost. (C)
by a m by a m 2) Body b e the pl obysicial	198. CONDITION FOR WHICH OPERATION 208. AUTOPSY? (Yes or No) 208. JF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 198. CONDITION FOR WHICH OPERATION 208. JF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 10 21A. ACCIDENT WAS UNDERLYING 121B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (II in Bultimore City, give exect location)
hospital ature; (2 ppt wher (6) No p	OR CONTRIBUTING CAUSE OF home, factory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) AT While At Work At Work
to the lot and under the lot and under the lot and under the lot and be obtained.	22. I certify that \$6 (this hospital) attended the deceosed from Feb 8 19 68 to Feb 9 1968, that \$6 (we) lost sow the deceosed olive on Feb 9 1968 and that in (mg) (our) opinion death occurred an the date
must be a eleased to ccident of a hospital to death) all must be	ond hour ond from the couses stoted obove. (We) (did)
was r was r A at a prior	23C. PHYSICIAN'S NAME (Type) ARTHUR C. BURDETT, M.D. DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY, or PREMATORY 24D. LOCATION (City, town, or county) (Stote)
	BUKIA 2-13-68 Balt National Com. Bult of Males
This the shown was	VS 150-REV. 1/1/68

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VS 150-REV. 1/1/68



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1.	NAME OF DEC be or Print)		DWARD		SMITH		2. DATE OF	Known 🔀	Month	Day		Year	Hour	
4.	PLACE IN BAL					DEAD	3. DATE	Esimioteo E	Month	ruary 1		968 Yeor	Hour	М.
FUL	L NAME OF SPITAL INSTITUTION	(iF NO		LORINS	TITUTION, GIVE		PRONC	ESIDENCE (Who	Feb	ruary 1	L, 19	968	12:3	A. 30 M.
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6.	SEX	7. RACE	139 N.		kton Str IED X NEVER		C. CITY O	Maryland		D. INSIDI	CITY II	MITS?	<u></u>	<i>[</i> —
7	Male	Noo	***	WIDOW		DIVORCED								
_	DATE OF BIRTH	Neg	10. AGE (In			f Under 24 Hrs.	E. STREET	Baltimor	е		YES X	7 1	40 L	
	1. 25 0	-	lost birthdo	y)	Months Doys			1137 N	Ch = =1.	h O h	4			
11.	4-25-0 BIRTHPLACE (S		ian country)		12. CITIZEN C) ! OF	13. FATHER	1137 N.	Stock	ton Str	eet	-		
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1.6	WAS DECEASE	ED EVED IN	III S ADMED	EOPCES	? 17. SOC	IAI	I'an	nie Joh	nson		ADDRE	cc		
Ye	s, no or unknown)	(If yes, give	wor or dotes	of service) SECU	JRITY NO.	I.B. HAFOK	WAINI						
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Ĭ			N GIVEN IN PA		INAL .									
ER	20A. DATE OF	OPERATIO	N 20B. CON	NOITION	FOR WHICH O	PERATION W	AS PERFOR	MED			21.	AUTO	SY? (Yes	or No)
O	0											No)	
EDICA	22A. EXTERI UNDERLYING UTING ☐ CA		NTRIB-		22B. PLACE OF home, form, foci	INJURY (e.g., tory, street, offic	in or about e bldg., etc.)	22C. WHERE DIE	(If in Bolt	imore City, give	exoct loc			
Σ	22D. TIME		(Doy) (Year) (Hou) 22E.INJURY	CCURRED		22F. HOW DID	NJURY O	CCUR?		-		
	(APPROX.)				WHILE AT		WHILE							
	23.				m. WORK L	AT W	ORK							
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	result	ed from:	Natural cou	ses 🕅	Accident [Suicio	е П н	omicide	Undete	rmined monn	er 🗍			
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	EXAMINI NAME (T		arres	, op.	ringate,	II.D.	ASS	OCIATE MEDICA	LEXAMIN	EK [] I	euru	ary	11, 1	.500
24	A. BURIAL CREA	AATION,	24B. DATE		24C. NAME	of CEMETERY	ar CREMAT	ORY 24	D. LOCATI	ON (City,	town, or	county)	(Sto	ite)
RE.	MOVAL (Specif	y)	2-15-6	58					400					
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25	A. DATE REC'D	A & 150	3 Re	3	AME OF REGI	SIKAR	Ke Ke	ison Fu	nera]	L Home	134	8° C	alhou	in S

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e de la company
S (=0() 00 AT	BALTIMORE CITY	HEALTH DEPARTMENT	00 1000
5-524 68-17	CERTIFICA	TE OF DEATH REG	. No. 68 1768
1. NAME OF DECEASED (Type or Print) SUNKEL, Jo	hn Andre	2. DATE AND HOUR OF 2/12/6	6 4.50 h. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE (Where deceased	lived. If institution; residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Mayland.	D. INSIDE CITY EITHITS?
Almin Memorial	Itospictol	E. STREET AND NUMBER 232. S. Ann S	YES NO
5. SEX 6. RACE 7. MAD			
le L.D. 17	RIED NEVER MARRIED DIVORCED DIVORCED	6/4/93 lost birthdoy)	Months Doys Hours Min.
done during most of working life, even if retired)	retired	lerman y	12. CITIZEN OF WHAT COUNTRY?
John Sunk	rel	14. MOTHER'S MAIDEN NAME Doza Hero	ld
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of serv	218-03-7485	F. G. YASSA	UMH.
(This does not meen the made of dying, heart foilure, asthenia, etc. It means the distingury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gives to the abave cause (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMING DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	ING NAL FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.) 21E. INJURY OCCURRED While At Not While	20A. AUTOPSY? (Yes or No) 20B. IF YE IN CERTIF or or obout 21C. WHERE DID (If in injury Occur?) 21F. HOW DID INJURY OCCUR	S, WERE FINDINGS CONSIDERED YING CAUSES OF DEATH?
22. I certify that (+) (this haspital) attend	Work At Work	1/29/68 19 10	2/12 1966.
that (1) (we) last sow the deceased alive			(aur) opinian death occurred an the date
and hour and fram the causes stated obay	ve. (H) (We) (did) (did not) v	iew the bady after death.	
TE Worso, M	Atte	nding Med. Staff. Director Phys.	23B, DATE SIGNED
P. C. YASSA, M.	D, DEGREE		ial Hospital
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify) Para 10 10 1 Feb 16 16 16 18	C. NAME of CEMETERY OF CR		(City, town, or county) (Stote)
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIASCTOR	ADDRESS / /
VS 150-REV. 1/1/6B	1 Marianista	DIPPEL BROTHERS	WE 1800 E HOMBARO Y

2525 Am M.D 6/4/93 ++ # Blacker when the same of bullet bullen Jeline Samball John Hill with LANCING OF DE HALLON while site of 3 alter to the state of the state 2112 1/29/60 - 2111 oth wood to deman Memorral He C. M. AZZAY D. 7

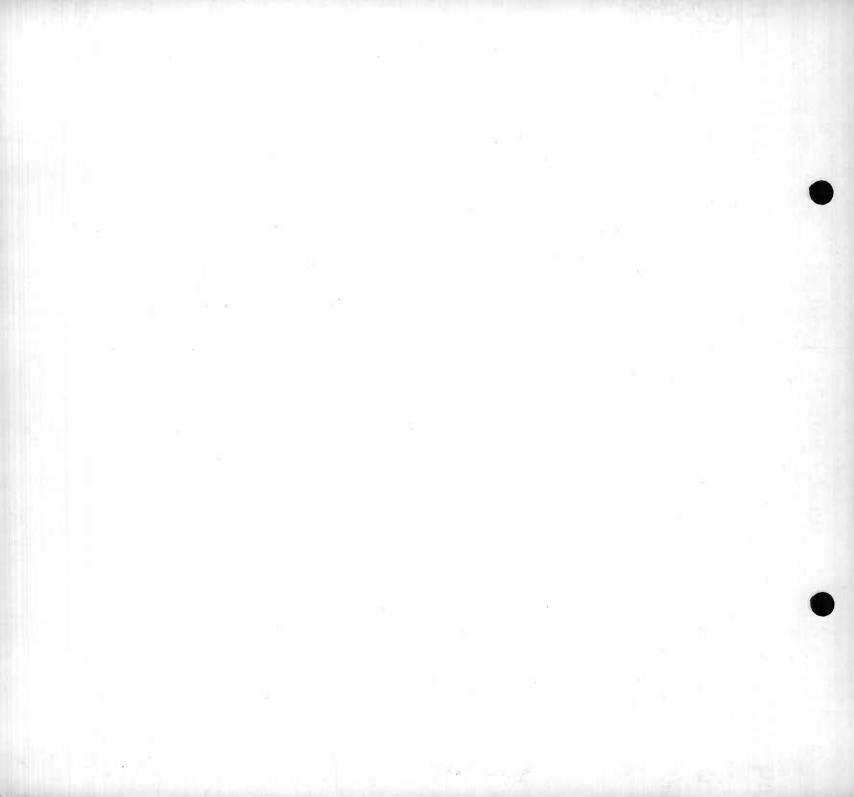
Darra Brances Las Beach la land

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IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 2. DATE AND HOUR OF DEATH 6 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY D. INSIDE CITY LIMITS? YES L NO 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Doys Hours i 12. CITIZEN OF WHAT COUNTRY? Maryland USA Forest View Adentie Command APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2º LASCUN 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Baltimore City, give exoct location) and that in (my) (aur) pinion death occurred on the date 23B. DATE SIGNED Baltimore Maryland Sons Inc. Beltimore Maryland 21213 VS 150-REV. 1/1/68



VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) and that in (my) (aur) aplnian death accurred on the date 23B. DATE SIGNED 02-06-68 (Stote)

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If Under 24 Hrs. Hours Min.

21208

ADDRESS

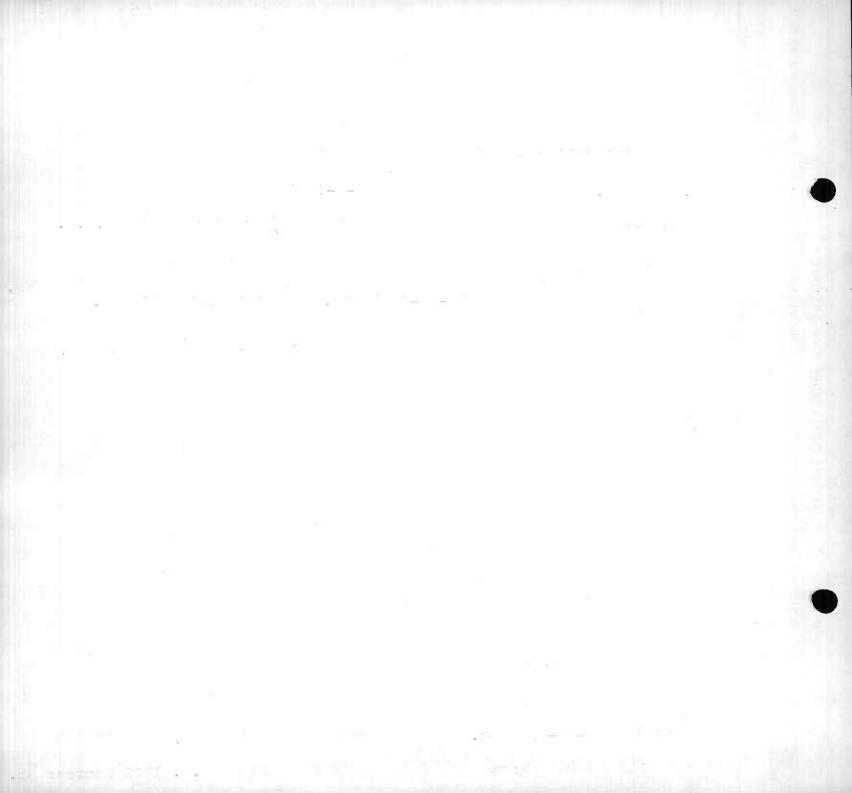
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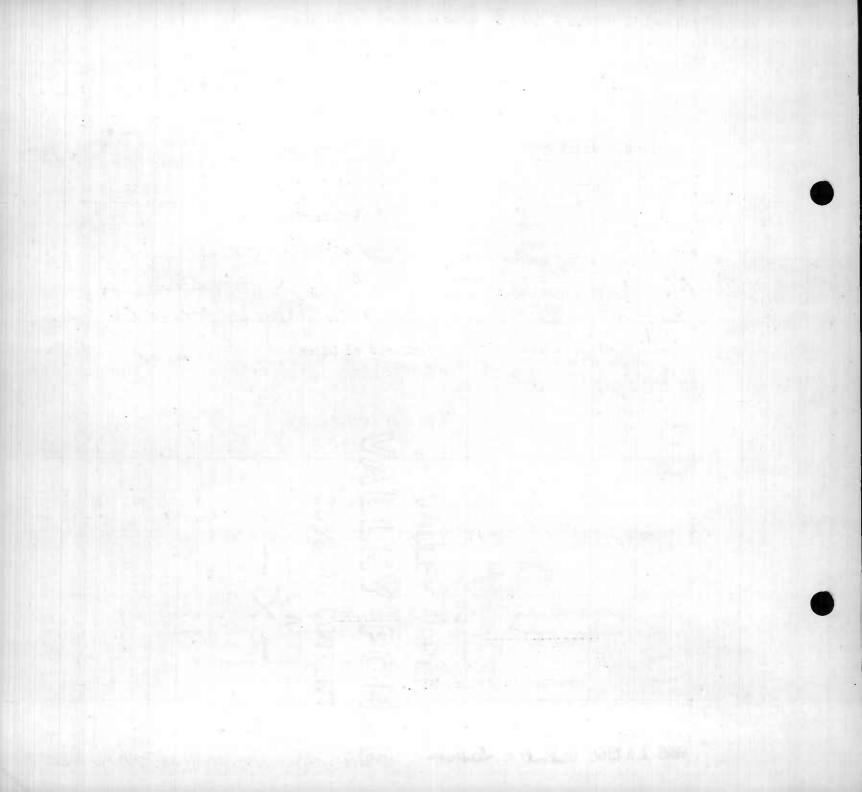
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VS 150-REV. 1/1/68



MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 68- 1772
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) ROBERT S. TATE. TR	2. DATE Known Manth Day Year Haur
ROBERT S. TATE JR. 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted February 12, 1968 7:45 A. M.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	February 12, 1968 7:45 A. M.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
7105 Harford Road	Maryland
6. SEX 7. RACE 8. MARRIED NEVER MARRIED White	C. CITY OR TOWN D. INSIDE CITY LIMITS?
WIDOWED DIVORCED	Baltimore YES X NO L
10. AGE (In years last birthday) 52 If Under 1 Yr. If Under 24 Hrs. Months, Days, Haurs, Min.	7105 Harford Road
11. BUTHPLACE(State ar fareign cauntry) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
14A.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTR	
done during mast of warking life, even if retired)	Agnes M. GAUBATZ
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, ng. or unknown) (if yes, give wor or dates of service) SECURITY NO.	18. WFORMANT ADDRESS C
(Yes, na.or unknown) (If yes, give yor or dajes of service) SECURITY NO.	Mr. LOUIS JCHOLZ KOUTE 32 VKOSVIlle
CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Cirrhos	is of Liver
LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TO OR	
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes or No)
	Yes
UNIDEDIVING TOP CONTRIB	In or about 22C. WHERE DID (If in Boltimore City, give exact location) to bldg., etc.) INJURY OCCUR?
DUTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
m. WORK AT V	WHILE O
23. 1 certify that I held on Inquiry Inspection Au	ond that on this basis, death In my opinion
resulted from: Natural causes X Accident Suicio	de Homicide Undetermined manner
ACTUAL AMA 2) 9	CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER
SIGNATURE (M.D. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER 2-12-68
NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	
REMOVAL (Specify) 2/15/68 LOUDON	PARK BALTO MO
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
14 1968 Of Color E, tallen	P.A. Heem ANN 6067 Hart Ro

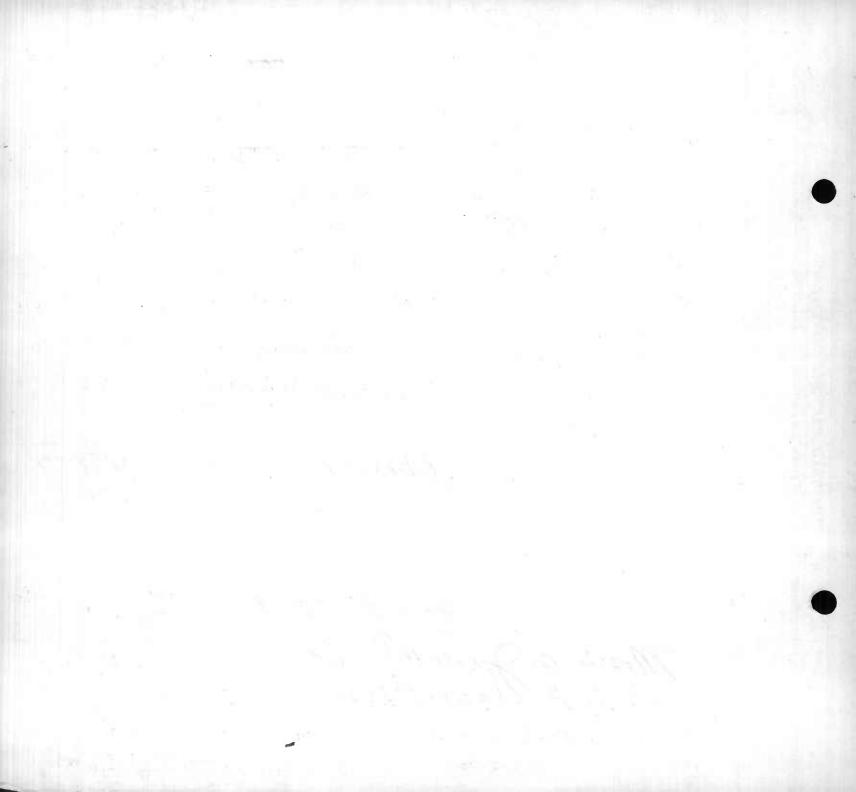


W-652 68- 1773 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG, NO. 68- 1773 BIRTH NO 1. NAME OF DECEASED DATE Known X Month Doy Year Hour (Type or Print) OF **EDWARD** GEORGE WARNS Estimoted | February 9, 1968 DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Month Doy Yeor Hour PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 2:00 February 9, 1968 HOSPITAL OR INSTITUTION USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY 513 Campbell Lane Maryland 6. SEX 7. RACE C. CITY OR TOWN D. INSIDE CITY LIMITS? 8. MARRIED NEVER MARRIED Male White Baltimore WIDOWED DIVORCED YES X NOL & DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Months | Doys | Hours | Min. last birthday) 513 Campbell Lane 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF 13. FATHER'S NAME YHAT COUNTRY? 14A. USUAL OCCUPATION (Give kind of work) 148-KIND OF BUSINESS OR INDUSTRY MOTHER'S MAIDEN NAME ring most of Forking life, even if retired) negau anic 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 8. INFORMANT SOCIAL SECURITY NO (Yes, no or unknown) (If yes, give wor or dates of service) -01-206 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) IMMEDIATE CAUSE Chronic Pulmonary Emphysema LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)... 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) No ₹ 22A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in 80ltimore City, give exact location) home, form, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE-AT (APPROX.) AT WORK 23. Inspection X I certify that I held an Inquiry Autopsy and that an this basis, death in my apinian Accident resulted fram: Natural causes X Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER XX SIGNATURE. EXAMINER'S ASSOCIATE MEDICAL EXAMINER February 10, 1968 NAME (Type) Charles S. Springate, M.D. 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) KWOOD 25A. DATE REC'D BY HEALTH DEPT ADDRESS 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

Part 2 1918 35 When the way to have Balto Med US mechanic Wherteric Margant Holmin MAR THE SENSON Erems 2/1/48 PARKINGER Contract of the Comment of the Contract of the

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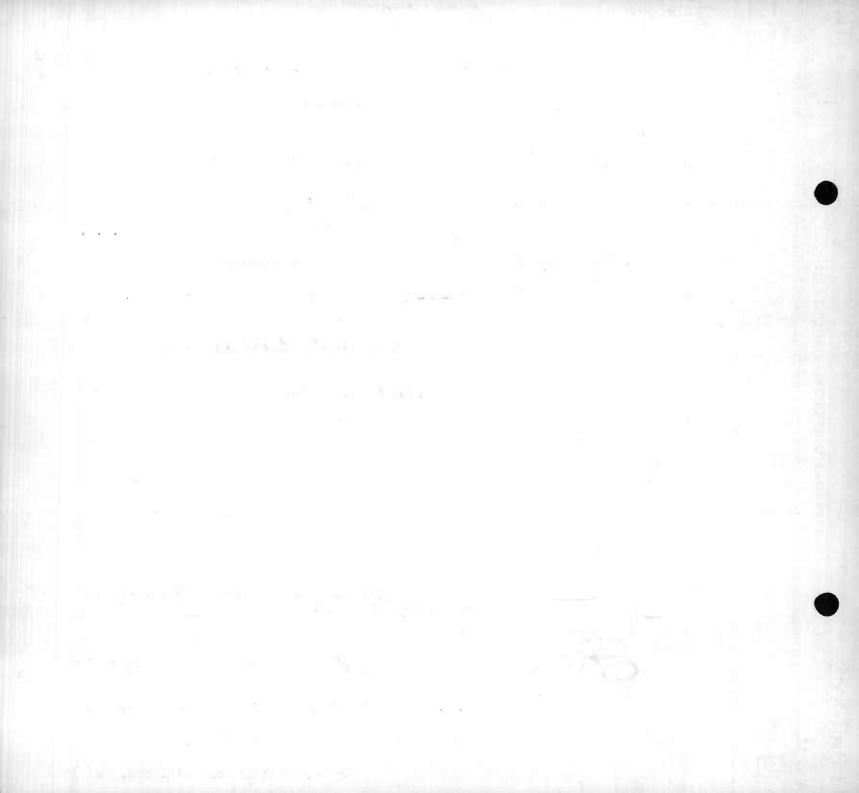
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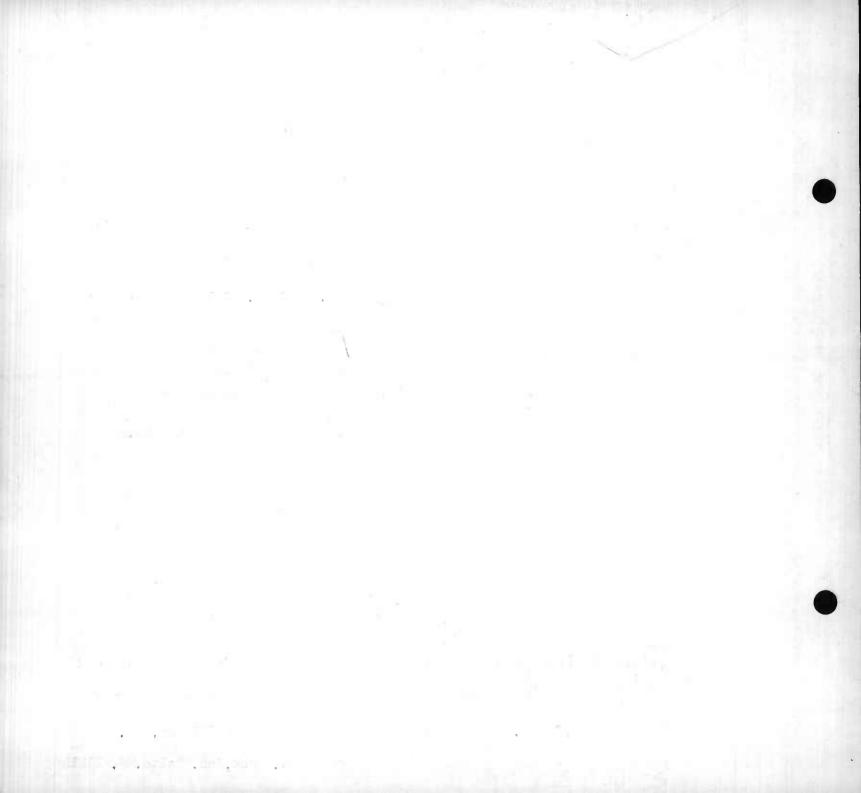
(Type or Print)	CEASED			AND HOUR OF DEATH	4.4
		SPERLEIN	Feb	. 14, 1968	4
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (WA. STATE B. CO	here deceased lived. If UNITY	institution: residence be
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	Maryland c. city or town	D. IN	SIDE CITY LIMITS?
	2915 Mark	kley Avenue14	Baltimore E. STREET AND NUMBER		YES X NO
00			2915 Markl	ey Avenue.	14
5. SEX	6- RACE	7. MARRIED X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If
male	white	WIDOWED DIVORCED	Oct.11,189	llost birthdov)	Months Doys Ho
IOA, USUAL OCC	UPATION (Give kind of work	108. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WH
	working file, even if retired)		Baltimore,	Md	USA
Clerk 13. FATHER'S NA	ME		14. MOTHER'S MAIDEN N		JUA
	Sperlein		Margaret G		
15. Was Deceased	Ever in U. S. Armed For	ces? 16. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no of unknown	(II yes, give wor or dote	ss of service) SECURITY NO. 220188834A	Mrs. Gertr	uda Snamla	
18. 4		CAUSE OF DEAT		dde pheile	APPROXIM
rise to th	G CONDITION lost.	(C)			
UNDERLYING A 20. OTHER SIGNII TO THE DEA DISEASE OR C	()	HE TERMINAL IT 1 (A).	20 A. AHTOBSY2 (Year or	Noll 208. IF VES. WES	E FINDINGS CONSIDER
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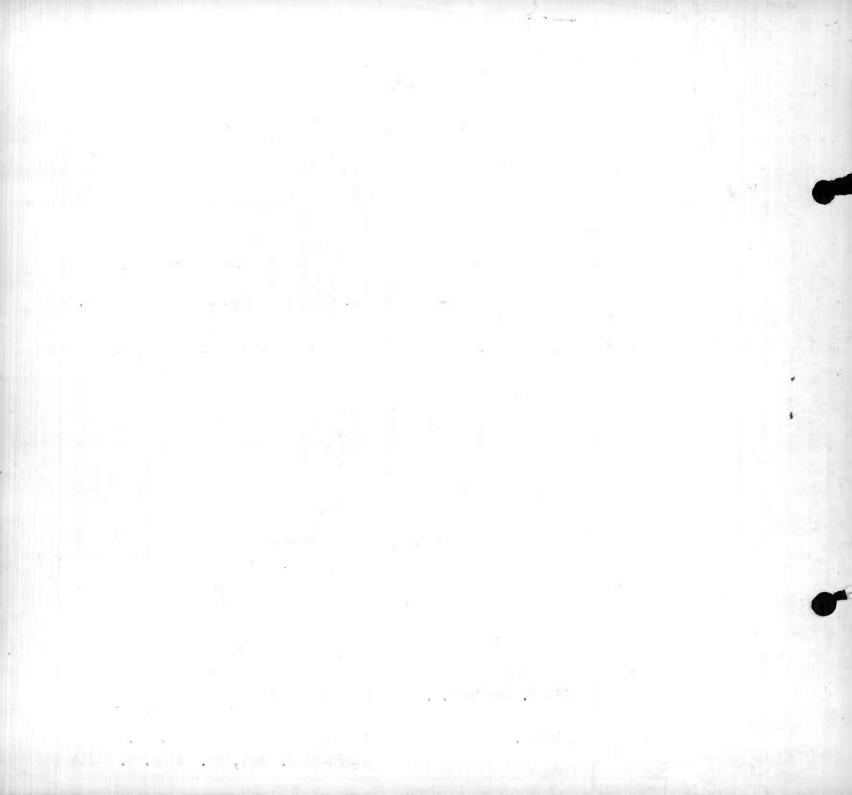
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+	68- 1776	CERTIFICA	TE OF DEATH	REG. NO	00 1110
	ITH NO.			D HOUR OF DEATH	
	pe or Print) Anthony M Inaco	olia	706.1	3. 1968	1 8:15 A
3. F	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOE			deceased lived. If in	stitution: residence before admiss
			A. STATE 8. COUN	14	07 4 1
	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION)	JTION, GIVE STREET	Maryland	T	11-03
INS	STITUTION		C. CITY OF TOWN	D. INS	DE CITY LIMITS?
			Parkville		YES NO
x /	7321 Harford Rd		E. STREET AND NUMBER 7321 Harror	d Rd	
5. S	<u> </u>		1 - 0	. AGE (In years	I I Hadas 1 Va I I Hadas 24 h
	MARKIED	NEVER MARRIED	1	ost birthday)	Months Doys Hours Min
	Wale White WIDOWED[June 26,1893	74	
	USUAL OCCUPATION (Give kind of work 10B, KIND OF e during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. 8IRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUN
	Barber		Italy		U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	
	Salvatoren Ingoglia		Angela Gara	mele	
16.		11 (00 01 ::			12222
(Yes	Was Deceosed Ever in U. S. Armed Forces? s, no or unknown) (If yes, give war or dotes of service)	2111-18-9274	17. INFORMANT	V To	ADDRESS
	NO	5111-TO-A511	Mrs Josephine	n THEOSTIS	Same
	18.	CAUSE OF DEAT	Н		APPROXIMATE INTERVA
	DISEASE OR CONDITION DIRECTLY			4.	BETWEEN ONSET AND DEA
	LEADING TO DEATH	arler	societic hear	Tdesease	1957
	(This does not mean the made of dying, e.g.,	\^/····································	A CONSEQUENCE OF:		
	heart failure, asthenia, etc. It means the disease, injury or complication which caused deoth.)	0	,		
	ANTECEDENT CAUSES	Park	ensenism		1957
		(8)	A CONSEQUENCE OF:		////
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	DOL 10, OK A	A CONSEQUENCE OF.		
	UNDERLYING CONDITION last.	(C)			
	420,0 11				
N O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
ATIC	TO THE DEATH SUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		*********		•••••
TIFIC/	19A. DATE OF OPERATION 19B. CONDITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED
RTI	WAS PERFORMED		The second section of	IN CERTIFYING CA	USES OF DEATH!
CE	21A. ACCIDENT WAS UNDERLYING 21B.	PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in 8altimor	e City, give exoct location)
AL	OR CONTRIBUTING CAUSE OF hom etc.)		mee olog, INJOKT OCCUR!		
0		INJURY OCCURRED	21F. HOW DID INJU	IBY OCCUP?	
ME	OF INJURY	le At Not Whi		AL OCCUR:	
-	(APPROX.)				
	22. I certify that (I) (this hospital) attended th	ne deceased from	ebruary 2/ 1	964 to Fel	bruary 13 1968
	that (I) (we) lost sow the deceased alive on	February 1.	2 10		nion death occurred on the d
				n in(my/ (oor/ opi	mon death accurred on the C
	and hour and from the couses stated above. (I) (We) (did) (did not) ·	view the body after death.		
	23A. SIGNATURE				23 B. DATE SIGNED
	Fallesse	Dha		Staff Phys.	2/13/68
	23C. PHYSICIAN'S	DEGREE	23D. ADDRESS	-	1 / /
	NAME (Type)	4 0	1017 11 1	0101.	M 1
244	Edward & Alessi	M.D. DEGREE	6217 Harford	Kd Baltu	nore, Illd
24 A	REMOVAL (Specify) 248. DATE 24C. NA	ME of CEMETERY OF CR	EMATORY U24D. LC	CATION (C	ty, town, or county) (State
		rdens Of Fait	h Ba	ltimore, Ma	rvland
2SA	A. DATE REC'D BY HEALTH DEPT. 258. NAME C	F REGISTRAR	2SC. FUNERAL DIRECTOR	- venior 0 1	ADDRESS
	MARIA MARCA AND R. C. T	0 000			
	THE PARTY AND THE LAST PROPERTY AND	C. LONG PUB	T	1- Two D-711	Lore Towns Manual
10	150-REV. 1/1/68	Salan PHI	Leonard Ruc	k Inc Balti	more, Maryland



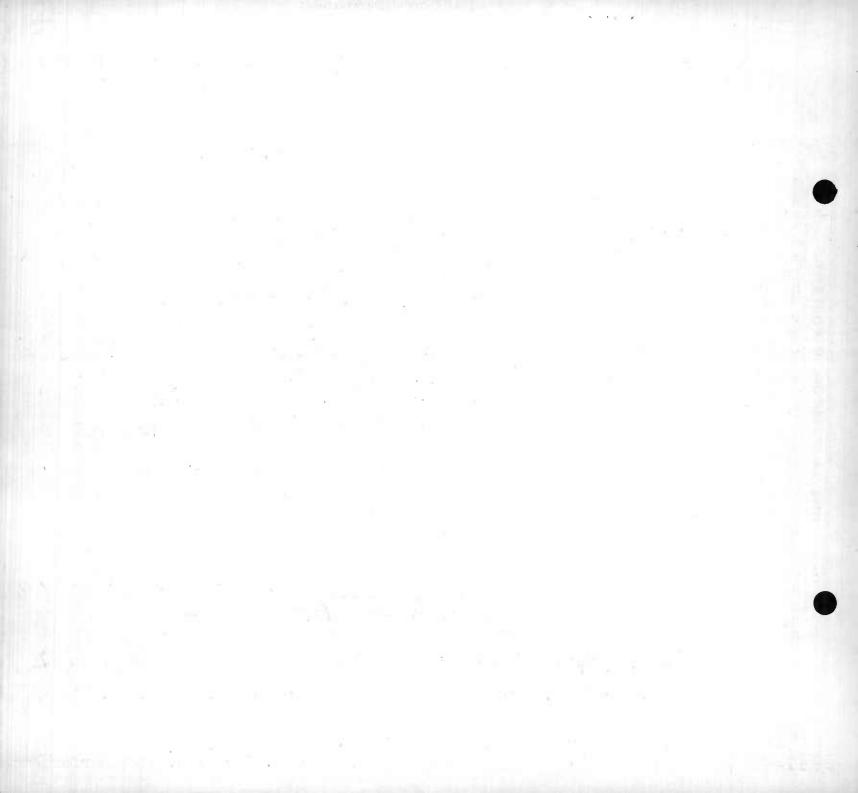
I / a a	BALTIMORE CITY	HEALTH DEPARTMENT	/	CO Amm
T-680 68-1'	777 CERTIFICA	TE OF DEATH	REG. NO	68- 1777
1. NAME OF DECEASED Pear (I, F	o rd	2. DATE ANI	HOUR OF DEATH	940 PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR			deceased lived. If in:	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	A. STATE B. COUNT	Bills	DE CITY LIMITS?
8 Maryland Gen Ho	ep.	Baltimor E. STREET AND NUMBER	hite Ma	YES NO NO
T W wido	RIED NEVER MARRIED DIVORCED		ost birthdoy 70	If Under 1 Yi. If Under 24 Hrs. Months Doys Hours Min.
IOA. USUAL OCCUPATION (Give kind of work TOB, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY		A A	12. CITIZEN OF WHAT COUNTRY
Housewife O		Baltimore	-, Ma	USA
Joseph Green		14. MOTHER'S MAIDEN NAM	Bailey	
S. Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	/	ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of serv	SECURITY NO.	Mrs. Doris I.	Aiple	(Same)
DISEASES OR CONDITIONS, if any, grise to the above cause (A) staling UNDERLYING CONDITION last. 10	ing	A CONSEQUENCE OF: V.O.S. C. R.V. C.O. I. S. (20 A. AUTOPSY? (Yes. or No.)	O Covernary f	INDINGS CONSIDERED USES OF DEATH?
W L		yes	GERIN INTO GAG	Joes of Death.
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If In Boltimore	City, give exoct location)
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While Work Not Work		JRY OCCUR?	
22. I certify that (I) this hospital attended that (I) (we) ast sow the deceased alive and hour and from the couses stated above 23A. SIGNATURE ROLPH D. ROLL 23C. PHYSICIAN'S NAME (Type)	on Z/12/68 ve. (1) (We) (did) (did not) v	19 and the	9 ta 2 of in(my (aur) opin	2 12 66 19 nian death occurred on the date 238. DATE SIGNED 2/12/68
Kalph J. AZ/	C. NAME OF CEMETERY OF CRI	Mary lang	CATION (Cit	ly, town, or county) (Stote)
Burial 2/16/68.	Parkwood Cemet	ery	Ba ltimore	, Md.
FEB 14 1988 (L. 6 8	ME OF REGISTRAR	Leonard J. Ru	ck,Inc. Bal	to.Md. 21214
S 150-REV. 1/1/6B				



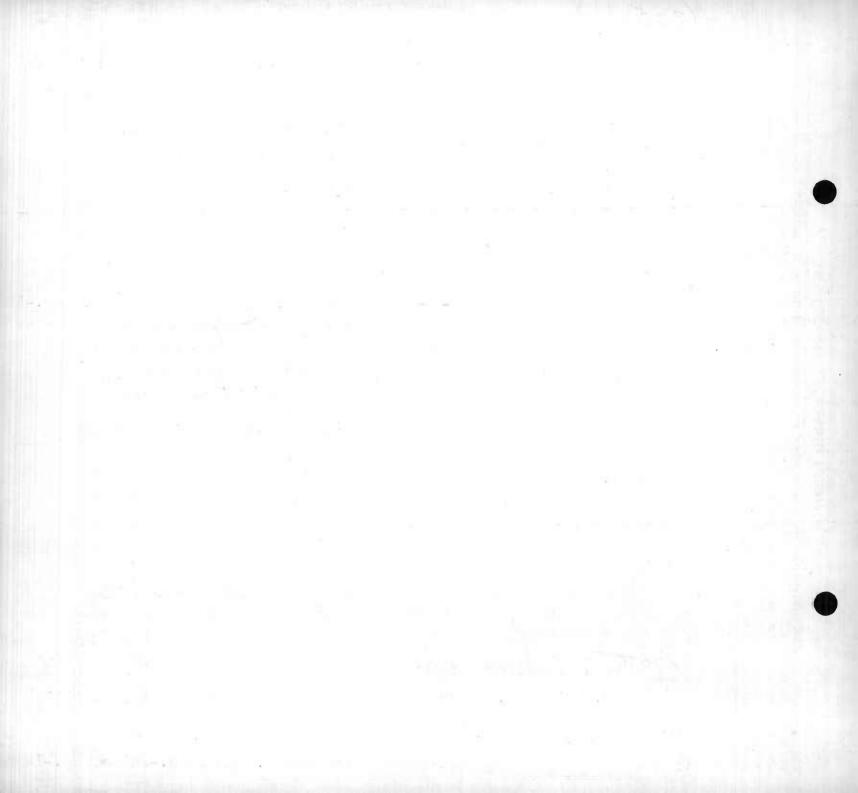
1	77-12 BALTIMORE CITY HEALTH DEPARTMENT 68-1779
0) 75705	1779 CERTIFICATE OF DEATH REG. NO. 68 1779
and eath the	I, NAME OF DECEASED 2, DATE AND HOUR OF DEATH
S D D	TYPEDPISCH MARTHA GERTRUDE 2.13.6817.30 am
7 500 5	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admir sion)
20000	A. STATE B. COUNTY
de (5) %	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET
a h ac; (e; (HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION D. INSIDE CITY LIMITS?
o so	The Union Memorial Hospital Battissare YES NO
in a marine	E. STREET AND NUMBER
o to La	14315 Lastalle AVE
ad a b b	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years lost birthday) Months; Days Hours; Min.
mimin min min min min min min min min mi	$+$ \times WIDOWED DIVORCED $9 \cdot 18 \cdot 90$ 77
5 0 0 0 n s is	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
d the no	done during most of working life, even if refired)
Z 2 2 2 2 E	Mousewife 11.0. MSH
Second Second	13. FATHER'S NAME
F = 54 > + 8	James Jem Box Descondence Martha Durhn
ZEPHEFP	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
deer's A	(Yes, no or unknown) (III yes, give wor or dotes of service) SECURITY NO.
S is the state of the	No 217-22-5957 Mr. George Deppisch, 5809 Plumer Ave. 21206
و فوق الله و فوق ا	18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
den for is	DISEASE OR CONDITION DIRECTLY
A La opta	LEADING TO DEATH (A) IMMEDIATE CAUSE Intracranial hemorety 19h
	(This does not meon the mode of dying, beginning the disease heart failure, asthenio, etc. It means the disease
A Property	injury or complication which caused deoth.
O in in in o Be	ANTECEDENT CAUSES
2 2 2 4 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	DISEASES OR CONDITIONS, if ony. Tring DUE TO, OR AS A CONSEQUENCE OF:
3 X & B	rise to the obove cause (A) stating the
ins ins	UNDERLYING CONDITION last.
A Single	2 E 900.0 II VE X E 6
AL AL	O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE TERMINAL
S TEY O.D.	II ■ IDISEASE OR CONDITION GIVEN IN PART 1 (A). © I
the Seasist	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
6 P - xa + y 5	
√ ± 5-65 = 00 = 00 = 00 = 00 = 00 = 00 = 00 =	OR CONTRIBUTING CAUSE OF home, form, foctory, street, affice bldg., INJURY OCCUR?
\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	DEATH (notify medical examiner) etc.) Home 4316 haralle and
200000	OF INJURY (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCURRED 21F. HOW DID INJURY OCCURRED
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ta de contra de	~ 1 6 0 1 CM
15 = = 0 0 0	22. I certify that A (this hospital) attended the deceased from 2 1968.
5000 E	that (1) (we) last saw the deceased alive an 2.13.1968 and that in (my) (aur) apinian death accurred an the date
	and have and from the causes stated above. (1) (We) (did) (did not) view the body after death.
deant deant deant deant must	23A, SIGNATURE 23B, DATE SIGNED
O POPE	Volva Nauver Attending Med. Stoff 2.13.68
No	OEGREE!
A 8 # 2 # 200 5	23C. PHYSICIAN'S NAME (Type) Felix J. Martin M.D. 23D. ADDRESS
ificate (was r. 1) An at at at approv	OEGREE / COMMENT PANOS AL MONA
0 1 + 500 0	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote
5 00 S 00 00 00 00 00 00 00 00 00 00 00 0	Burial 2/16/68. Holy Redeemer Cemetery Baltimore, Md.
This certhe bodds: was D. decease	ACA DATE RECID BY HEALTH DEPT JOED MANAGE OF RECISTARY JOED SHAPER OF THE PROPERTY JOED SHAPER OF THE
This sho was	Leonard J. Ruck, Inc. Balto Md. 21214
8	VE 160 DEV 1/1/49



	112			AIA	65- 178
BIRTH NO.	68	- 1780 CERTIFICA	TE OF DEATH	REG. NO	
1, NAME OF D				NO HOUR OF DEATH	
Type of Timo	CHARLES E.	RIDER		uary 13 1	
3. PLACE IN B	ALTIMORE, MARYLAND, W	VHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Wh A. STATE B. COU	ere deceosed lived. If i NTY	institution; residence befor
FULL NAME C	OF (IF NOT IN HOSPIT	TAL OR INSTITUTION, GIVE STREET ATION)	Maryland		
HOSPITAL OR	ADDRESS OR LOCA	ATION)	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
. / 1 /			Baltimore		YES NO
49 Ur	nion Memoria.	l Hospital	E. STREET AND NUMBER	7 1	1) " "
*			4501 Weitze	I Ave.	014
5. SEX	6. RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours
Male	White	WIDOWED DIVORCED	May 25, 1907	60	
	CCUPATION (Give kind of work of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHA
cler		Lumber Co.	Maryland		U.S.A
13. FATHER'S N			14. MOTHER'S MAIDEN NA	ME	0.0.1
	Charles H.	Rider	Sanah	E. Schub	hand
5. Wos Decen	sed Ever in U. S. Armed For		17. INFORMANT	E. SCHUD	ADDRESS
Yes, no or unkno	(If yes, give wor or date	es of service) SECURITY NO.		. W Dia	
No)		Mrs. Bernadin	e M. Kide	
18. 4.1	0, 9 1	CAUSE OF DEAT	Н		APPROXIMAT BETWEEN ONSE
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	s nat meon the made of	dying, e.g., DUE_TO_OR AS	A CONTENIOR OF		
	re, osthenia, elc. Il means complication which caused	death.)	nie Myo	cardite	ع ا
,,	ANTECEDENT CAUSES		- 0 (D)	2. 00-1	
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	OR CONDITIONS, if the obave cause (A)		A CONSEQUENCE OF:	A. CV 111	
	ING CONDITION last.	(c) CC2 CC	reoccers	tieC-Vali	seas
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Z	NIFICANT CONDITIONS CO		mann	sunt	usama
▼ DISEASE OF	EATH BUT NOT RELATED TO T R CONDITION GIVEN IN PAR	RT 1 (A).	co recogn		1
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E .	OF OPERATION 198. CON	FORMED	20 A. AUTOPSY? (Yos or N	IN CERTIFYING CA	AUSES OF DEATH?
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U 21A. ACCI	DENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., home, farm, factory, street, o		IN CERTIFYING CA	AUSES OF DEATH?
OR CONTR	DENT WAS UNDERLYING	FORMED		IN CERTIFYING CA	AUSES OF DEATH?
OR CONTR DEATH fno	DENT WAS UNDERLYING CAUSE OF offy medicol exominer)	218. PLACE OF INJURY (e.g., home, form, foctory, street, o		(If In Boltime	AUSES OF DEATH?
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1	102)	68 1	78	CERTIFICA	TE OF DEAT	H REG. NO	
	TH NO.	TACED			- OLKTITOT		E AND HOUR OF DEATH	
	e or Print)							
			SSIE	S	HUTSON	Fe	b. 13, 1968	309 AM.
3. F	LACE IN BALT	IMORE MAR	YLAND, WHERE P	RONOUN	ICED DEAD		Where deceased lived. If i	institution: residence before admission)
ELLI	LL NAME OF	/IE NOT	O LATIGOON AL	NETITIE	ION CIVE STREET	Maryland		11-02
HO	SPITAL OR	ADDRESS	OR LOCATION	14311101	ION, GIVE STREET	C. CITY OR TOWN	In IN	SIDE CITY TIMITS?
INS	NOITUTIES					Baltimore	0.114	YESXX NO
		2000 5				E. STREET AND NUMB	F D	16377 140
	10	3002 B	atavia A	veni	le l			
	70						via Avenue	
5. S	EX	6. RACE	7- MAI	RIED	NEVER MARRIED	8. DATE OF BIRTH 886	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
f	emale	white	WIDO	WED _	DIVORCED _	Feb. 26, 300	5 81 52	
				ND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State of	fareign country)	12. CITIZEN OF WHAT COUNTRY?
dane	during most of w		n if refired)			Tonadana		TICA
		sewife				Ireland		USA
13.	FATHER'S NAM					14. MOTHER'S MAIDEN	NAME	
		Sam	uel Tayl	or				
15. 1	Was Deceased	Ever in U. S.	Armed Farces?	1	6. SOCIAL	17. INFORMANT		ADDRESS
(Yes	,na ar unknawn)	(If yes, give	wor or dates of se		SECURITY NO.			
	No				215-10-4213B	Charles E.	Hutson-300	2 Batavia Ave14
	1B. 4	241			CAUSE OF DEATH	1 000010 Do-	1 Stora 11	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	E OR COND	ITION DIRECTLY			Gertee	2 Juston	The state of the s
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ER	TA ACCIDEN	T MAR HAD	EDI VINC	[01 p. p.	LAGE OF MILLIANZA - 3)	60.
	OR CONTRIBU	TING CAU	SE OF	home,	form, factory, street, af	n ar abaut 21 C. WHERE DI fice bldg., INJURY OCCU	R?	are City, give exact location)
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8	OF INJURY			While				
	(ATTRON)			Wark	At Wark		100	1 19
	22. I certify	that (I) (this	haspital) atten	ded the	deceased fram	Jan 31	1968 to JS	20 10 19 00,
	that (I) (we)	last saw the	deceased olive	an	Je613	1908 an	d that in (my) (aur) ap	inian death occurred on the date
					(MP) (4:4) (4:4 ==4)			
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	wa	lle ((hidin	son	AT DEGREE Phys		Shaff Phys.	Feb-13-68
	23C. PHYSICIAI		200		2	3D. ADDRESS		
	INAME (1)		Walter A	. A:	nderson	3001 Shan	non Drive, B	alto, Md- 21213
244	. BURIAL CREA				AE of CEMETERY OF CRE			City, town, or county) (State)
	REMOVAL (S	pecify)						
I	Burial	2/	16/68	Parkw	rood		Baltimore, Ma	ryland
25A	. DATE REC'D	BY HEALTH	DEPT. 25 B. N.	AME OF	REGISTRAR	25C. FUNERAL DIRE		ADDRESS
	FEB 16	1988	R.O. 40 8	diam's	Sep. 240	Leonard	J. Ruck, Inc	Balto, Md14
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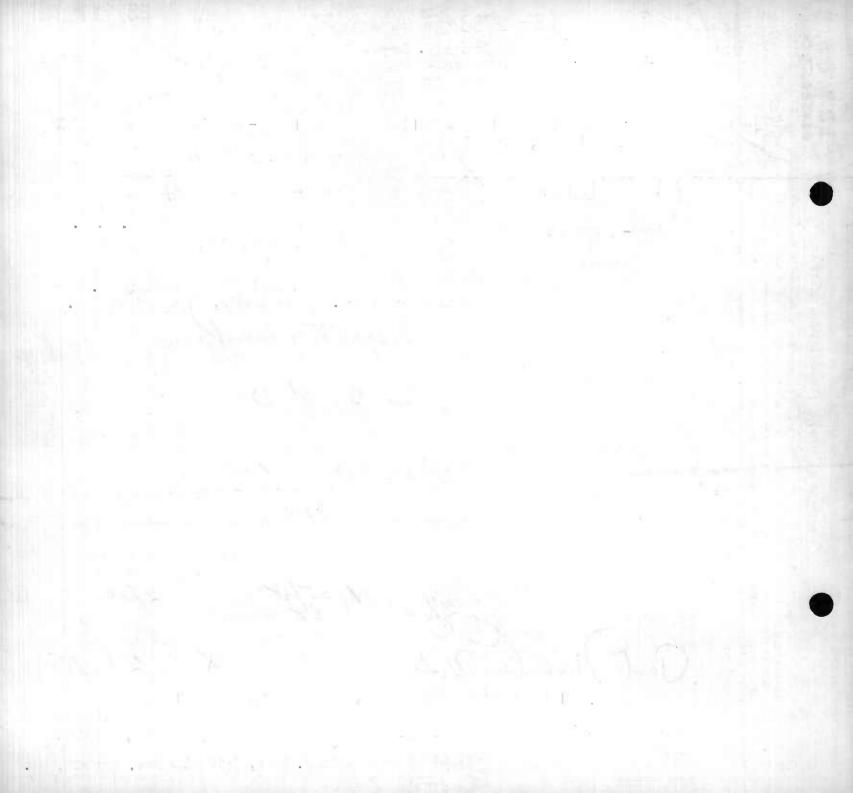
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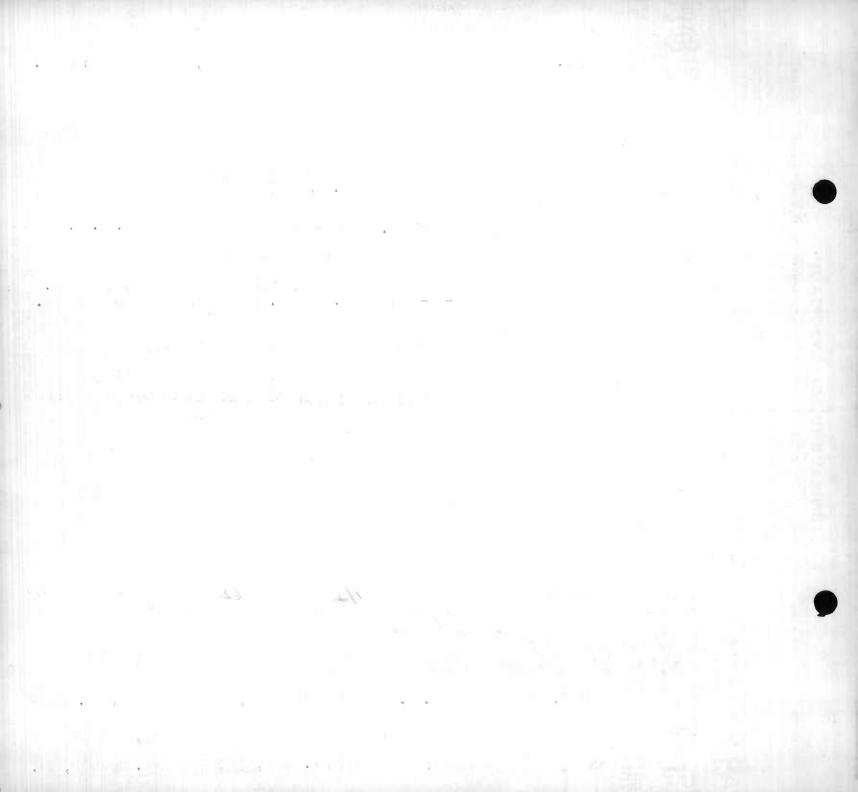
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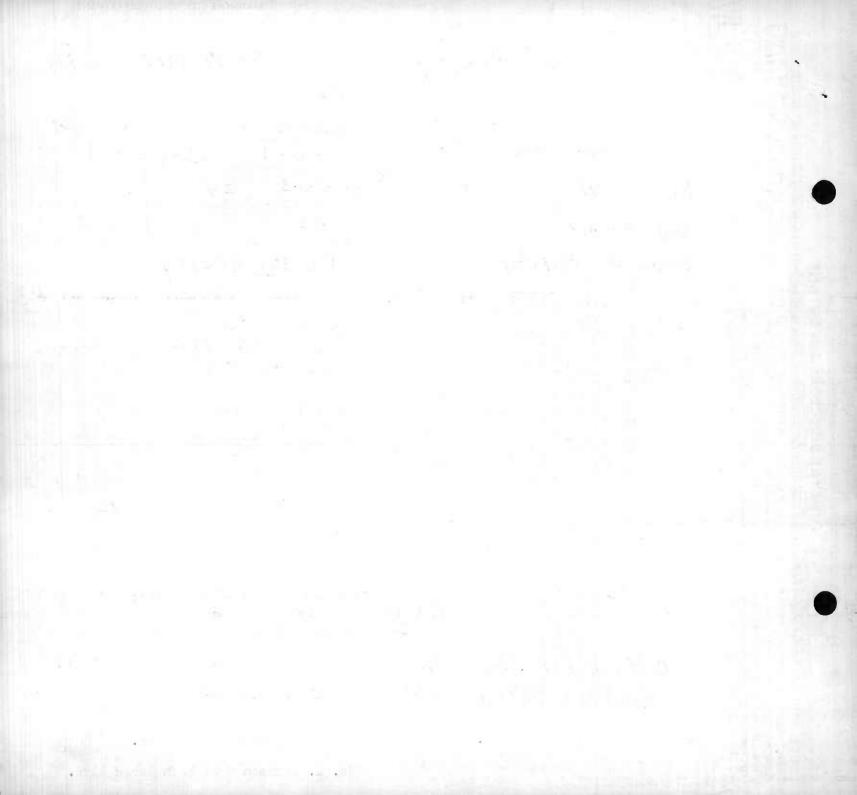
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FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! NSTITUTION Baltimore City Hospital 5. SER Baltimore City Hospital 6. RACE White White Whowed DIVORCED Bethlehen Steel Co. Maryland U. S. A. 10. LATTHER'S NAME JOSEPH Jennings 15. Was Dacessed Even in U. S. Anned Forces? 16. SOCIAL SECURITY NO. 219-01-7195 Mrs. Edna M. Jennings, 8001 Mid Haven Rd. CAUSE OF DEATH (This doas not meen the mode of dying, e.g., bened to filty, esthemic, etc., in meens the diseases, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if only, giving as to the above couse (A) stoling the UNDERLYING CONDITION OSE. TO OUT TO OR AS A CONSEQUENCE OF. DISEASE OR CONDITIONS, if only, giving as to the above couse (A) stoling the UNDERLYING CONDITION OSE. DISEASES OR CONDITION OSE. DISEASES OR CONDITION S. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if only, giving as to the above couse (A) stoling the UNDERLYING CONDITION OSE. DISEASES OR CONDITION OSE. TO OUT TO OR AS A CONSEQUENCE OF. DUE TO, OR AS A CONSEQUENC				4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before odmis
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Baltimore City Hospital E. STREET AND NUMBER BOOL Mid Haven Road	INSTITUTION	ADDRESS OR LO	CATION)		D. IN	
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S. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 219-01-71495 Mrs. Edna M. Jennings, 8001; Mid Haven Rd. 21	one during most of	working life, even if retired	d)		foreign country)	U. S. A.
18.						
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IMPORTANT

FUNERAL DIRECTOR:

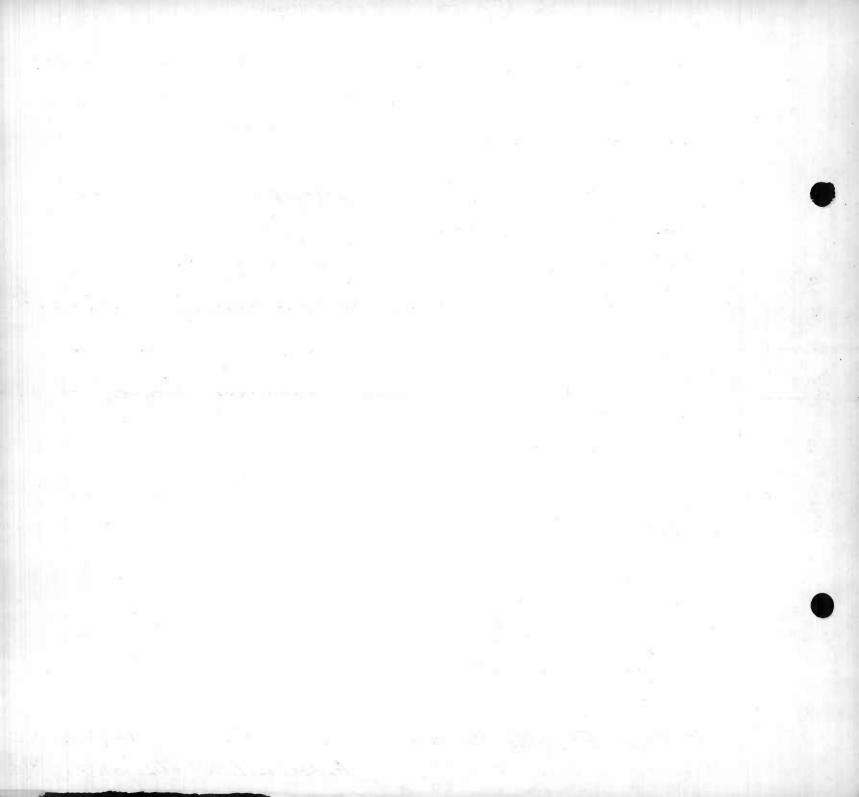
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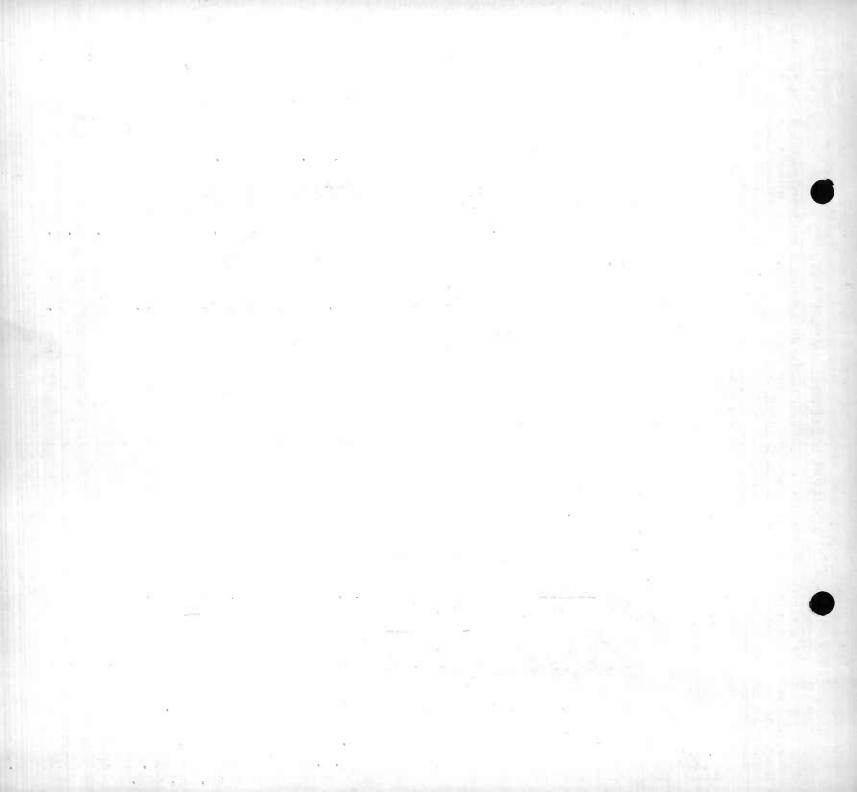
BIRTH NO.	WEL	OICA	L EXAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO.	68-	1786
I. NAME OF DEC	CEASED			2. DATE	Known K	Month	Doy	Yeor	Hour
(Type or Print)	HOWARD	T. MA	RTTN	OF	Estimoted		ary 10,		
4 PLACE IN BAI	LTIMORE, MARYLAND,			DEATH 3. DATE	Estimoted Es	Month	Doy	Year	Hour M.
FULL NAME OF HOSPITAL		AL OR IN	STITUTION, GIVE STREET	PRONO	UNCED DEAD	Febru	ary 10,	1968	1:35 P.M.
OR INSTITUTION	1300 N. Port	Stre	et	5. USUAL F A. STATE	ESIDENCE (When Maryland		ved. If institution B. COUNTY	: residence	before odmission)
6. SEX	7. RACE	B. MAR	RIED NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE CI	TY LIMITS?	/
Male	White	WIDO	WED DIVORCED		Baltimor	e	YE	s X	NO 🗆
9. DATE OF BIRT	lost birthd		If Under 1 Yr, If Under 24 Hrs. Months; Doys; Hours; Min.	E. STREET	501 N. E	11wood			
Maryl Maryl	Stote or foreign country) Land		12. CITIZEN OF WHAT COUNTRY?	13. FATHER		am H.	Marti	n	
14A.USUAL OCCL	JPATION (Give kind of working life, even if retired)	148. KIN	Own Garage	15. MOTHE					
	SED EVER IN U.S. ARME	D FORCE		18. INFOR		1 1011		DRESS	Baltiman
(Yes, no or unknown	(If yes, give wor or dotes	of servic	20-16-3687	1	th D. Ma	rtin	501 N		Baltimor
19.	11 V		CAUSE OF DEA						PPROXIMATE INTERVAL
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UNDERLYING	G OR CONTRIB-		22B. PLACE OF INJURY (e.g., home, form, foctory, street, office	e bldg., etc.)	NJURY OCCUR?	(It in Boltimo	re City, give exo	cilocotion	
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Buria			Blue Ridge (25C.	ry I		A	DDRESS	. Md.
LED Y	# 1900 Clare	EL E	ACM TOTAL	May	mond	Elor	carn	Thur	mont, Md
VS 151-REV. 1/1/6	8			11					

Toronto, I garage Commission and the commission of the commission

	- 1119 00	BALTIMORE CITY	HEALTH DEPARTMENT		
	1-415 68-1	787 CERTIFICA	TE OF DEATH	REG. NO. 68	- 1787
	TH NO.	CLICITICA			
	DE OF DECEASED			D HOUR OF DEATH	2 4 . 4
	Edith IALBOT		7-11		LAM M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	A. STATE B. COUN	re deceased lived. If instituti	ien: residence befere odmissien)
E11	LL NAME OF (IF NOT IN HOSPITAL OR IN	CIVE CIRCLE	All Inches	Balliman	(1)
HC	SPITAL OR ADDRESS OR LOCATION)	SITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE C	TTV LIMITES
IN	STITUTION		8 4 1 Ball	-	
0	Ulmariortis Alanois	tal	E. STREET AND NUMBER	VIIIVU TES	NO
01	Commence of Janger	a	CELSIKEET AIND NUMBER	B. 16-201	C+ - #
_			1846 W	Dawman	9-1
5.	SEX 6. RACE 7. MARK	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yeers If Mo	Under 1 Yr. If Under 24 Hrs. nths Doys Hours Min.
	Final white widow	VED DIVORCED	JUNE 18,1999	5 5 1	7 34
104	. USUAL OCCUPATION (Give kind of work 10B. KINI	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE/(Stote er, fere	ign country) 12,	CITIZEN OF WHAT COUNTRY?
don	e during mest of working life, even il retired)	ene-	0 1/1-		110 1
	Nane	ene -	Bavan	rare	034.
13.	FATHER'S NAME	J. P. St. Rostol	14. MOTHER'S MAIDEN NA	ME /	
	JOHN MYERS		MADTAR	IE 1-1056	
15.	Was Deceased Ever in U. S. Armed Ferces?	1 6. SOCIAL	17. INFORMANT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ADDRESS
{Ye	s, no or unknewn) (If yes, give wor or dates ef servi	ce) SECURITY NO.		14.	AGEKSTOWN.
	No	NONE	MRS FRANK H	AMMOND	MARKLANDS
	18. // 3/ 0 1	CAUSE OF DEATI	1		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAL	or Medallan	Farluse	6 hr.
	(This does not mean the mode of dying,	e.g., DUE TO, OR AS		1 -1 -1	
	heart foilure, osthenio, etc. It meons the dise injury or complication which caused death.)	ose,	2 70 10	crniam,	
		11000	1 -tanse	when he	10
	ANTECEDENT CAUSES	(B)	ene sincia ce	umay ymany	ray e
	DISEASES OR CONDITIONS, if any, gi	· · · · ·	A CONSEQUENCE OF:		9
	rise to the above couse (A) stating UNDERLYING CONDITION lost.	the Co Stews	rutives .		sural yrs.
		(0)			
z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NC			
ATIO	TO THE DEATH BUT NOT RELATED TO THE TERMIN				100000
A	DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or Ne	JOAN AT MEE WERE TIME	NOS CONSIDERED
CERTIFIC	WAS PERFORMED	OK WHICH OPERATION	200. AUTOPSTETIES OF INC	10 CERTIFYING CAUSES	OF DEATH?
W			jes		
-4	OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., inhome, ferm, fectery, street, of	fice bldg., INJURY OCCUR?	(It in Boltimere City	, give exect location)
CAI	DEATH (notify medical examiner)	etc.)			
EDI	21 D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
×	(APPROX.)	While At Net While At Werk			
	(APPROX)	Work At Werk			
	22. 1 certify that (1) (this haspital) attend	ed the deceased fram		19ta	
	that (1) (we) last sow the deceased alive	on	19 and th	at in (my) (aur) aninion	death occurred on the dote
	and haur and fram the causes stated abov	- (1) (W-) (4) 4) (4)			
	23A. SIGNATURE	e. (I) (we) (ala) (ala nat) v	lew the body after death.	long	DATE SIGNED
	23A. STONY ORE	11.	nding Med.		DATE SIGNED
	Hushen Namery	MI) OEGREE Phys		Staff Phys.	2/12/68
	23C. PHYSICIA (7'S NAME (7/pe)	7)	23D. ADDRESS		
	MANUEL (MAR)				
244	BURIAL CREMATION, 24B. DATE 24	OEGREE C. NAME el CEMETERY et CRE	AAATORY 245	OCATION (City, to	wn, er county) (Stete)
	REMOVAL (Specify)	,)	240. 6	A. CONY, 10	wn, er county) (Stete)
1	DUKIAL FODULA PAGE	MARMONY ()	METERY /	TARKOUNE V	KEST VIKGILVIA
25	DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	1	ADDRESS
	FEB 14 1958 (R.O. BE.	Stole San Fla	ALBERTLI	LEDE WILL	IMMSPORT INd
	150-REV 1/1/68		1120111121		- Maria

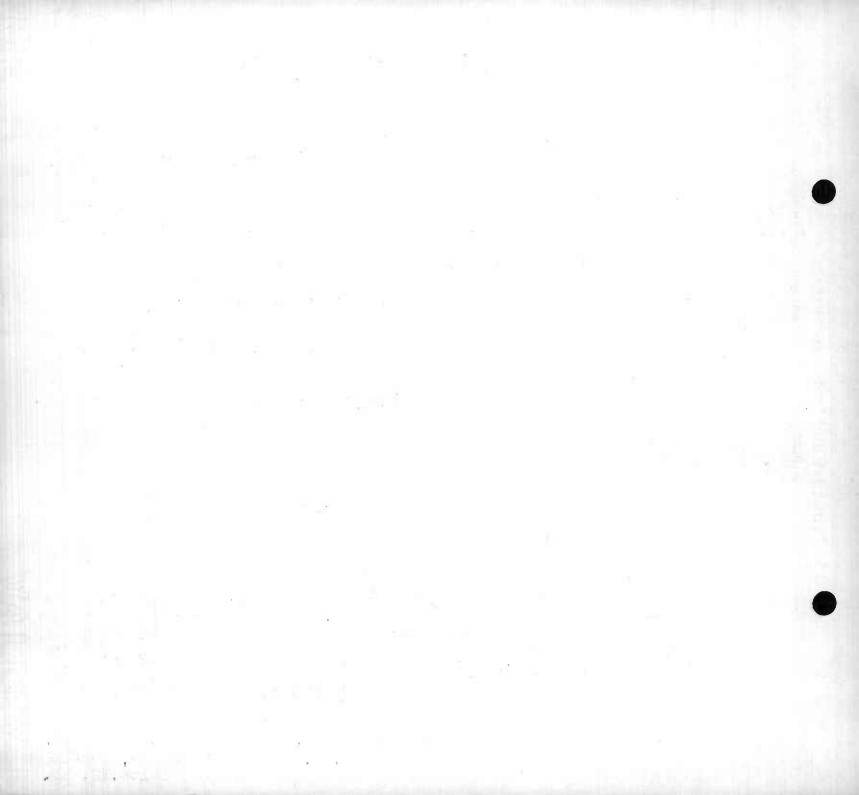


M -11	10		BALTIMORE CIT	Y HEALTH DEPARTMENT		68- 1788
PIRTU NO	68-	- 178	8 CERTIFICA	TE OF DEATH	REG. NO	30 1/00
BIRTH NO.	ASED			2, DATE	AND HOUR OF DEAT	Н
Type or Print)	Ella	Maude	Miller		ruary 12, 1	P 1 P T
3. PLACE IN BALT	MORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (\	Where deceased lived. If	institution: residence before admission)
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryland c. CITY OR TOWN		9.01
NOITUTITZN					D. IN	YES TO NO
(11)	Long Gre	en Nur	sing Home	Baltimore E. STREET AND NUMBE		4E2 1/40
10				505 E. 41s	st St.	
	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
F	W	WIDOWED	DIVORCED _	9/2/1876	91	
	PATION (Give kind of working life, even if refired)	10B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
House		Own	Home	Baltimor	e, Md.	U. S.A.
FATHER'S NAM	A E			14. MOTHER'S MAIDEN	NAME	
Charles	W. Duvall			Margaret	Sylvia	
. Was Deceased es, no or unknown)	Ever in U. S. Armed For	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	Emelions	ADDRESS
No	, , , ,			Mrs.Helen	Davier 50	5 E. Alst St.
18. ///	0		CAUSE OF DEAT		perior, jo	APPROXIMATE INTERVAL
DISEASI	OR CONDITION DI	RECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A) IMMEDIATE CA	Arterios	clerotic	15 yrs.
	of mean the mode of		DUE TO, OR AS	A CONSEQUENCE OF:		
	asthenio, etc. It meons plication which caused			ovascular di	isease	
	NTECEDENT CAUSES					
I Constitute to			(B)	S A CONSEQUENCE OF:		
	R CONDITIONS, if obove couse (A)			S A CONSEQUENCE OF:		300 - 3
	CONDITION lost.		(c)			
4221	11					
	CANT CONDITIONS CO					A STATE OF THE STA
C DISEASE OR CO	I BUT NOT RELATED TO T ONDITION GIVEN IN PAR	RT 1 (A).				
19A. DATE OF	OPERATION 198. CON		WHICH OPERATION	NO NO	IN CERTIFYING	E FINDINGS CONSIDERED CAUSES OF DEATH?
21A ACCIDEN	T WAS UNDERLYING	7 211	DIACE OF INITIDY (D (15 to Polato	Ch
OR CONTRIBU	TING CAUSE OF	hor	ne, form, foctory, street, o	office bldg. INJURY OCCUR	s??	nore City, give exoct location)
)	medical examiner	etc				
21 D. TIME OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED		INJURY OCCUR?	
(APPROX.)			hile At O Not Whi	le 🔲		
22. 1 certify	that (1) (this hospite	l) attended :	the deceased from	Feb.	1958 ta F	eb. 12 19 68
	last saw the decease		Feb. 12	19 68 and		pinian death occurred an the dat
			1) (446) (4:4) (494-4)	view the bady after dea		, and the date
23A. SIGNATUR		70	,, (me) (did) (did mot)	The budy utter ded	1110	23B, DATE SIGNED
	10000	X	1. DMAH	ending Med.] Staff [Feb. 13, 1968
22C BLIVELEUS	reoga	VILO	DE GREEN P. h.	ys. Director L	J Phys. L.J	100. 17, 1700
23C. PHYSICIAN NAME (Ty	pe)		1	23D. ADDRESS		
		avlor	DEGREE	3902 Green	mount Ave	
A. BURIAL CREA	Lloyd E. S	24C. N	AME of CEMETERY of CE	REMATORY 241		(City, town, or county) (State)
Burial	2/15/6	8 T.	oudon Park	Cem	Raltimona	Manuland
	BY HEALTH DEPT.	2SB. NAME.	OF REGISTRAR	25C, FUNERAL DIREC	TOR	Maryland
FEB 1	4 1968 OLL	15 E.	tarker M. II	H.W.Jenki	ns & Sons	Co. 4905 York Rd
/S 150=REV. 1/1/6	R	T			Balto.12,	−Md •



IMPORTANT

FUNERAL DIRECTOR:

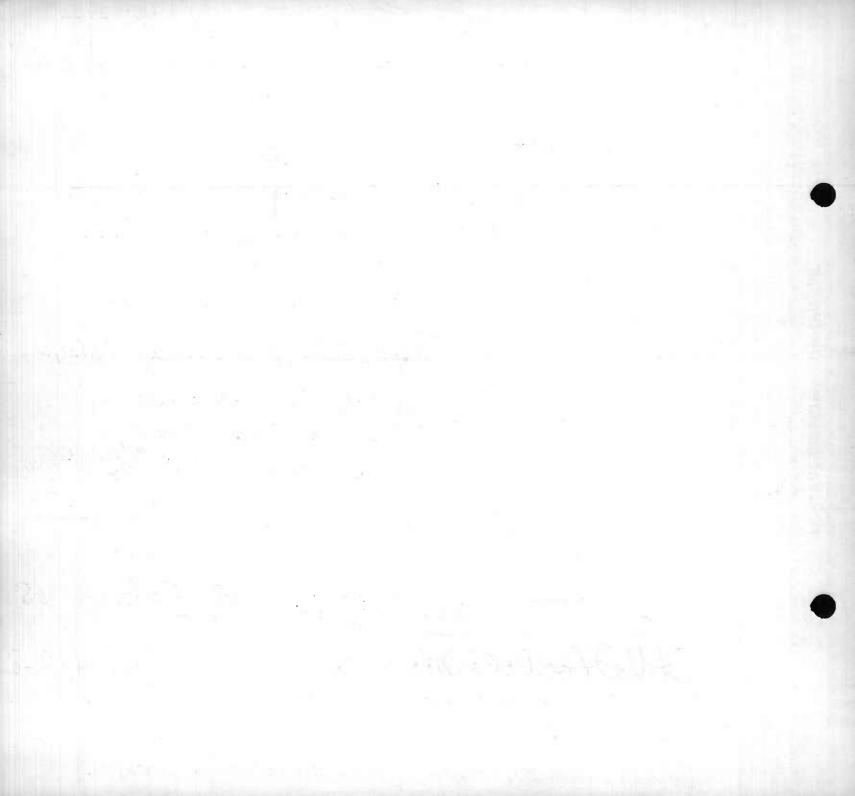


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Balto.,

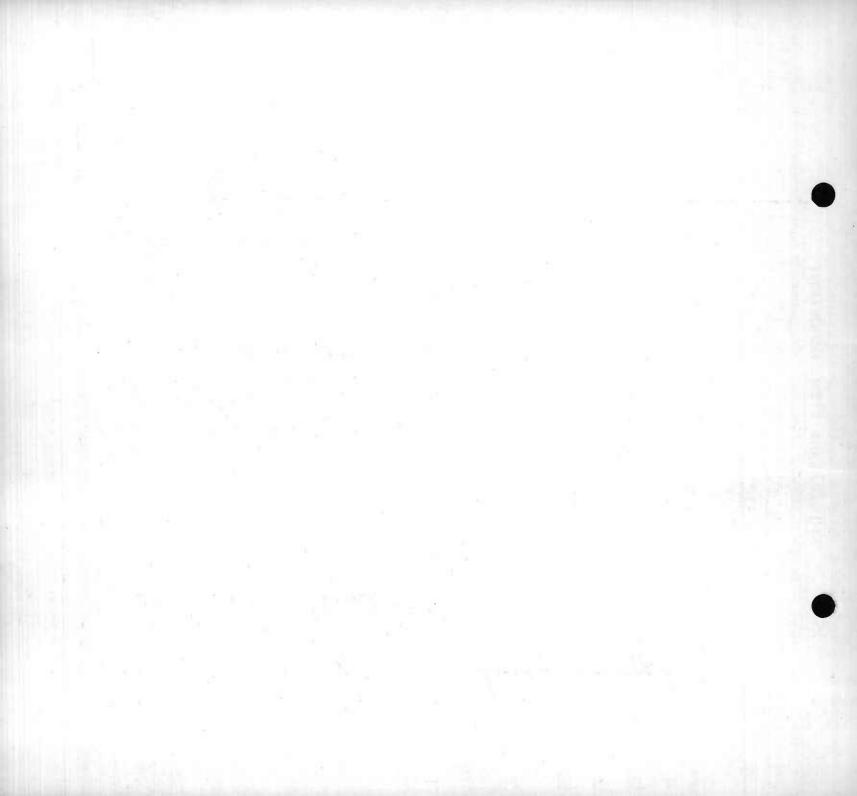
Carrisonna ANTENNA PROPERTY is with Better the laster was morned by the sail Jan A. M. aurogood Colores How a Belg. Da person 3 1286

111-0	65	BALTIMORE CI	TY HEALTH DEPARTMENT	68- 1791
111	68	- 1791 CERTIFIC	ATE OF DEATH REG NO.	00 1101
BIRTH NO.	()(1.00 CERTIFIC		
NAME OF D Type or Print)		les R. Maykrantz, Sr	Peb. 12, 1968	1 (a A
3. PLACE IN	BALTIMORE, MARYLAND, V	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. II	
			Maryland.	Balta
OSPITAL OR	ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET		NSIDE CITY LIMITS?
NSTITUTION			Dundalk	YES NO X
Go	uld Convalesar	rium	E. STREET AND NUMBER	1-2-00
4			2522 Yorkway	00
- SEX	6. RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
Male	White	WIDOWED DIVORCED		4 14 14
		108 KIND OF BUSINESS OR INDUST		12. CITIZEN OF WHAT COUNT
one during most Clerk	t of working life, even if retired)		Ma-malama	Y . C . A
3. FATHER'S N		Copper	Maryland.	U.S.A.
WINIER 3 I				
		rantz	Anna Von Heirdiggen	
	sed Ever in U. S. Armed Fo		17. INFORMANT	ADDRESS
No		213-10-1527	A David L. Maykrantz, 25	22 Yorkway
1B	10032-0	CAUSE OF DEA		APPROXIMATE INTERVA
UNDERLY 4/2 OTHER SIG	the above cause (A) ING CONDITION last. III INIFICANT CONDITIONS CO	ONTRIBUTING COAS	les al Remars Race Of	of themparese
DISEASE O	OF OPERATION 198. CO		20A. AUTOPSY? (Yes or No) 20B. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTI	DENT WAS UNDERLYING [RIBUTING CAUSE OF otify medical examiner)	218. PLACE OF INJURY (e.g home, form, factory, street, etc.)	g., in or obout 21C. WHERE DID (If in Boltis office bldg., INJURY OCCUR?	nore City, give exact location)
OF INJURY		(Hour) 21E. INJURY OCCURRED While At Not W	21F. HOW DID INJURY OCCUR?	
(APPROX.)		Work At Wo		- 0 12 11
22. I cert	ify that (I) (#hts haspite	1) ottended the deceosed from	Jan 3 1968 10 F	er. 15 1960
that (I) (9	lost saw the deceos	ed alive an Tel,	11 19 6 8 ond that in (my) (ppinion death accurred on the
ond hour	ond from the couses sto	ated above. (1) (We)-(dtd) (did nat) view the body ofter death.	
23.47.3 GM	V. Har	bold moses	Attending Med. Shaff Phys.	Polity 196
23C.PHYSI NAMI		DEGREE		7~11
	E (Type)	Harbold, M.D.	4706 Harford Road	1,2
	Harold V.	Harbold, M.D.	4706 Harford Road,	
REMOVA Buria	Harold V. CREMATION, 248. DATE	24C. NAME of CEMETERY OF	4706 Harford Road, CREMATORY 24D. LOCATION	(City, town, or county) (State
Buria	Harold V. CREMATION, 24B. DATE	24C. NAME of CEMETERY OF	4706 Harford Road,	
Buria.	E (Type) Harold V. CREMATION, 248. DATE 2/15/6. C'D BY HEALTH DEPT.	8 Cedar Hill Ce	4706 Harford Road, CREMATORY 24D. LOCATION Emetery Brooklyn, Mo 25C. FUNERAL DIRECTOR	ADDRESS
Buria	E (Type) Harold V. CREMATION, 248. DATE 2/15/6. C'D BY HEALTH DEPT.	8 Cedar Hill Ce	4706 Harford Road, CREMATORY 24D. LOCATION Emetery Brooklyn, Mc	ADDRESS

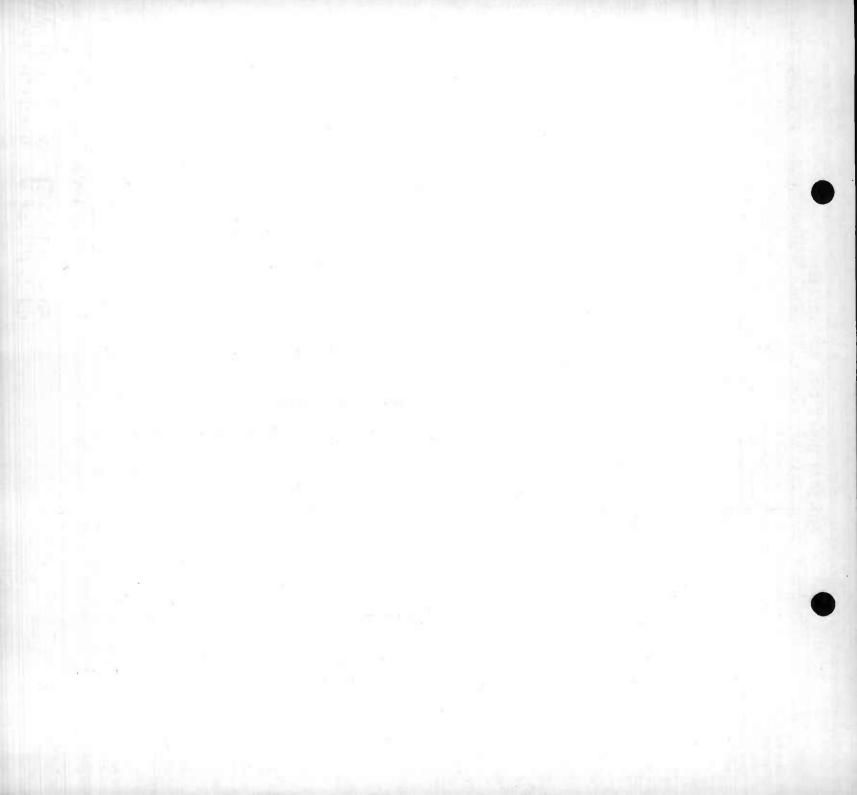


a hospital and

I-50	10		BALTIMORE CITY	HEALTH DEPARTMENT		69_ 4709
7-00	68	- 17	92 CERTIFICA	TE OF DEATH	REG. NO	68- 1792
BIRTH NO.			<u> </u>		AND HOUR OF DEATH	
(Type at Print)		FRANKI	IN FINNEY			
3. PLACE IN BA	LTIMORE MARYLAND, W			4. USUAL RESIDENCE (W	8, 1968	M. stitution: residence before admission)
FULL NAME OF		AL OR INSTI	TUTION, GIVE STREET	Maryland C. City OR TOWN	INTY	DE CITY AMIS?
INSTITUTION	33 Gt D			Baltimore		YES X NO
50.	11 Shannon Dri	.ve		E. STREET AND NUMBER		
00				3011 Shanno	n Drive	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
Male	White	WIDOWEI	DIVORCED	Feb. 14, 1899	last birthday)	Within Day's Hours With,
		10B, KIND	OF BUSINESS OR INDUSTRY	11. BiRTHPLACE (State at fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
Labore		Balti	more City	Maryland.		U.S.A.
13. FATHER'S NA				14. MOTHER'S MAIDEN N	AME	
How	ard F. Finney			Mary Freidm	an	
15. Was Decease	d Ever in U. S. Armed Fore	es?	1 6. SOCIAL	17. INFORMANT	100	ADDRESS
No.	n) (II yes, give wor or dote:	s of service)	218-10-5270	Mrs. Mildred	Finney, 3011	Shannon Drive
UNDERLYIN OTHER SIGN TO THE DEA DISEASE OR 19 A. DATE O OR CONTRIB	ASE OR CONDITION DIR LEADING TO DEATH nat mean the made of , asthenia, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) LIG CONDITION last. II IFICANT CONDITIONS COL LITH BUT NOT RELATED TO IN PAR ONDITION GIVEN IN PAR ONDITON GIVEN IN PAR ONDITION GIVEN IN PAR	dying, e.g the disease death.) any, givin staling th NTRIBUTING the TERMINAL TI (A). DITION FOR ORMED (Hour) 21	(B) OUE TO, OR AS e (C)	A CONSEQUENCE OF: Healed Pulus A CONSEQUENCE OF: (If in Boltima)	BETWEEN ONSET AND DEATH Grant Grant	
00.1	1 (1) (1)			101111	11	2 - 8 - 18
that (I) (we		d olive on	1-17/			1960 , inlon death occurred on the date
ZSA. SIGNAL	11 , 10 7		Atte	nding Med.	S taff	7 GALE
SW	wan L. Ye	ano	GEGREE Phy	s. Directar	Phys.	6-160
23C. PHYSICI NAME (Ans Type William L.	Fearin		30. Address	on d	
24A. BURIAL CR			NAME of CEMETERY OF CRE	3025 Belair F		ity, tawn, or caunty) (Stote)
Burial			arkwood Cemete		Parkville, M	
25A. DATE REC'	D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS
BEB 15	1968 R.C. B	8. Fa	Dogra	Ullrich Fune	eral Home 421	O Belair Road.
VS 150-REV. 1/1	/6B					



VS 150-REV, 1/1/6B



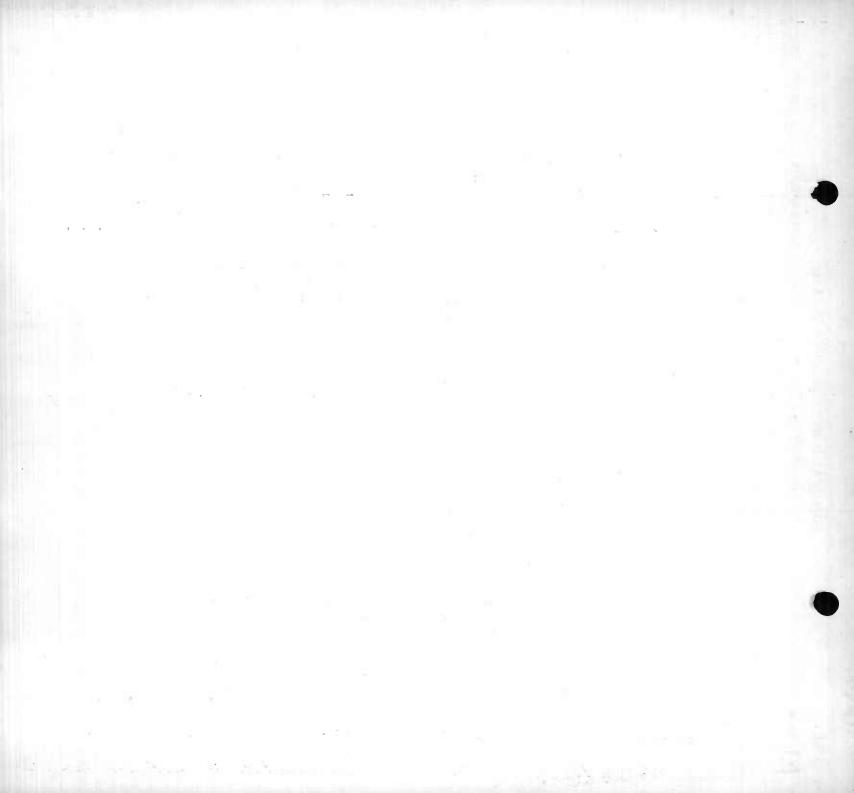
VS 150-REV. 1/1/68

ADDRESS 21224 BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES (If in Boltimore City, give exoct location) and that in (my) (our) opinion death occurred on the date 23B. DATE SIGNED 2-12-68 Baltimore City Hospitals
4940 Eastern Avenue, Baltimore, Maryland (City, town, or county) OLLRICH FUNCIAL HOME. DUNDALK, MD

NO

Hours

If Under 24 Hrs.



8-125	BALTIMORE CITY	HEALTH DEPARTMENT		68- 1795
68-1	795 CERTIFICA	TE OF DEATH	REG. NO	00- 1733
BIRTH NO.			D HOUR OF DEATH	
Type or Print)	German	2. DATE AN	12/68	9055 PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	RONOUNCED DEAD	4. USUAL RESIDENCE (Whe	e deceased lived. If i	nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARYLAN)	IDE CITY LIMITS
NSTITUTION		BALTIMO	-	YES NO
MUNION MEMOR	IAL HOSP.	E. STREET AND NUMBER	EN WOOD	ALS
S. SEX 6. RACE 7. MAD	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	WED DIVORCED	11-14-93	lost birthdoy	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10 B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY
fone during most of working tife, even if retired)	TAIL STORE	MARULAN	15	U.S.4
3. FATHER'S NAME	1016 3000	14. MOTHER'S MAIDEN NA	ME	
THENRY	ORTMAN	IDA LAFFEI	070	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	-11	ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of sen	vice) SECURITY NO.			7 1/7/1 13
No	CAUSE OF DEAT		PETMAN	3434 RHUENLEON
18. 436191	CAUSE OF DEAT	0 1 0 1	,	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		11. han 00	1. 1. (1	louded
(This daes nat meen the made at dying,		A CONSEQUENCE OF:	ascare	Carrent J.
heart failure, asthenia, etc. II means the dis	ease,	1 1 1	1	1
ANTECEDENT CAUSES	l	1 . 1. 11	7//	(2)
DISEASES OR CONDITIONS, if any, g	DUE TO OR AS	A CONSEQUENCE OF:	- correct	esson
rise to the above cause (A) stating	,			
UNDERLYING CONDITION last.	(C)			
331X II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUT				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED)	No	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
W O A COLDENIA WAS INTO THE PROPERTY OF THE PR		7 7 6/		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF tNJURY (e.g., i home, form, foctory, street, o etc.)	in or about 21C. WHERE DID flice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o etc.)	ffice bldg., INJURY OCCUR?		re City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D.TIME (Month) (Day) (Year) (Hour) OF INJURY	home, form, foctory, street, o etc.) 21E. INJURY OCCURRED While At Not While	ffice bldg., INJURY OCCUR?		re City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D.TIME (Month) (Day) (Year) (Hour)	home, form, foctory, street, o etc.) 21E. INJURY OCCURRED	ffice bldg., INJURY OCCUR? 21F. HOW DID INJ	URY OCCUR?	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D.TIME (Month) (Day) (Year) (Hour) OF INJURY	home, form, foctory, street, o etc.) 21E. INJURY OCCURRED While At Not While At Work	ffice bldg., INJURY OCCUR?		
OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D.TIME (Month) (Day) (Yeer) (Hour) OF INJURY (APPROX.)	home, form, foctory, street, o etc.) 21E. INJURY OCCURRED While At Not While At Work ded the deceased fram	ffice bldg, INJURY OCCUR?	URY OCCUR?	2/12 1968
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 210-TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. 1 certify that ((this haspital) attention	home, form, foctory, street, o etc.) 21E. INJURY OCCURRED While At Not While At Work ded the deceased fram an 12/2	21F. HOW DID INJ	URY OCCUR?	2/12 1968
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D.TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (fithis haspital) attended that (I) (wee) last saw the deceased alive	home, form, foctory, street, o etc.) 21E. INJURY OCCURRED While At Not While At Work ded the deceased fram an 12/2	21F. HOW DID INJ	URY OCCUR?	2/12 1968
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D.TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (this haspital) attention that (I) (we) last saw the deceased alive and haur and fram the causes stated aba	home, form, foctory, street, o etc.) 21E. INJURY OCCURRED While At Not While At Work ded the deceased fram ve. (I) (We) (did) (did not)	21F. HOW DID INJ	URY OCCUR? 19 && ta at in(my) (our) ap	19 68 Inian death occurred an the dat
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D.TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. 1 certify that (Tithis haspital) attended that (I) (we) last saw the deceased alive and haur and fram the causes stated abance 23A. SIGNATURE 23C.PHYSICIAN'S	home, form, foctory, street, o etc.) 21E. INJURY OCCURRED While At Not While At Work ded the deceased fram ve. (I) (We) (did) (did not)	21F. HOW DID INJ	URY OCCUR?	inian death occurred an the dat
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D.TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (Month) (this haspital) attended that (I) (we) last saw the deceased alive and haur and fram the causes stated abance 23A. SIGNATURE 23C.PHYSICIAN'S NAME (Type)	home, form, foctory, street, o etc.) 21E. INJURY OCCURRED While At	21F. HOW DID INJ	ury occur? 19 &8 ta at in (my) (our) ap Staff Phys.	inian death occurred an the date 23B, DATE SIGNED 2-/12/68
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D.TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (Month) (this haspital) attended that (I) (we) last saw the deceased alive and haur and fram the causes stated aba 23A. SIGNATURE 23C.PHYSICIAN'S NAME (Type) DR. WILLIAM H. OEHL	home, form, foctory, street, o etc.) 21E. INJURY OCCURRED While At Not While At Work ded the deceased fram ve. (I) (We) (did) (did not)	ending Med. Director	ury occur? 19 & taat in (my) (our) ap Shoff Phys. EMORIAL HO	19 68 Inian death occurred an the dat
OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 210.TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive and haur and fram the causes stated aba 23A. SIGNATURE 23C.PHYSICIAN'S NAME (Type) DR. WILLIAM H. OEHL 24A. BURIAL CREMATION, 24B. DATE 24A. BURIAL CREMATION, 24B. DATE	home, form, foctory, street, o etc.) 21E. INJURY OCCURRED While At Not While At Work ded the deceased fram ve. (I) (We) (did) (did not) DEGREE ERT, JR. DEGREE Attendary DEGREE ACC. NAME of CEMETERY of CR	21F. HOW DID INJ	ury occur? 19 & ta	23B. DATE SIGNED 2-/12/68 OSPITAL City, town, or county) (State)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 210. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive and haur and fram the causes stated aba 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) DR. WILLIAM H. OEHL 24A. BURIAL CREMATION, 24B. DATE 24A. BURIAL CREMATION, 24B. DATE	home, form, foctory, street, o etc.) 21E. INJURY OCCURRED While At Not While At Work ded the deceased fram ve. (I) (We) (did) (did not) DEGREE ERT, JR. DEGREE Attendary DEGREE ACC. NAME of CEMETERY of CR	21F. HOW DID INJ	ury occur? 19 & ta	23B. DATE SIGNED 2-/12/68 OSPITAL City, town, or county) (State)
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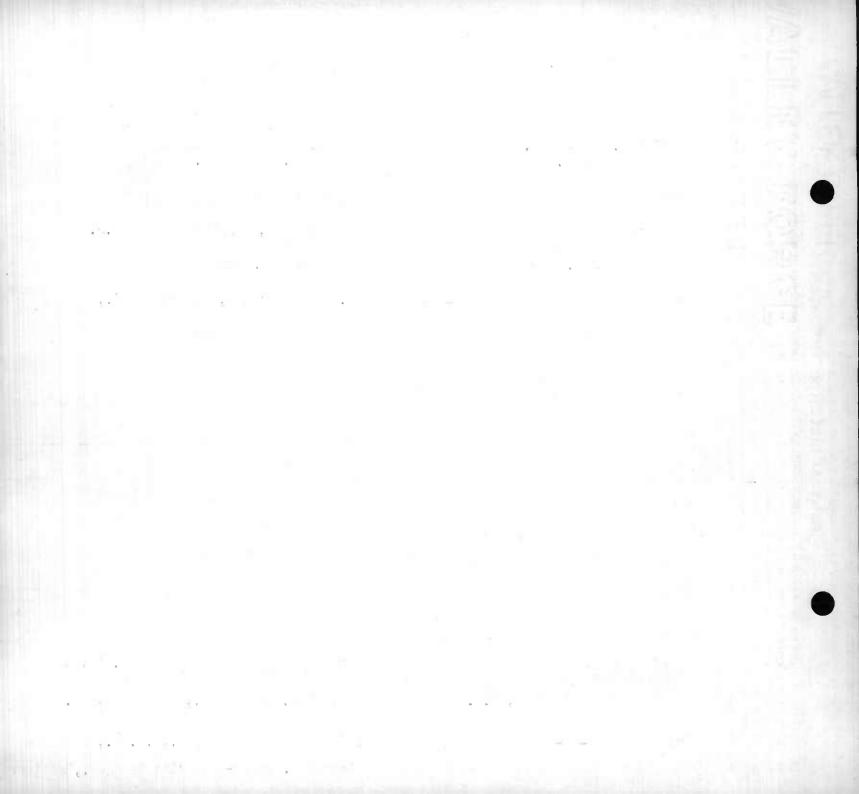
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VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

CHERMONE Navan Memorine Hosp 4500 Somme Ave 11/28/99 73 W LAWREDGE LEGISTOCHERS VARIABLE Montages Sinore Rivers 100 11.58 20/0 2/13/6

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) Balt	timore. Md.		Service Co. City	1232 E. Nor	th Ave.	
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	working life, even if retired)			Contactional	Manzeland	U.S.
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	poleon B. By			The second secon	Harrison	
S. Wos Deceased Yes, no or unknown	(If yes, give wor or dote	rces? es of service)	16. SOCIAL SECURITY NO. 213-03-5959	Mrs. Vollmerhau	sen,203 Kue	the Rd., Maryland
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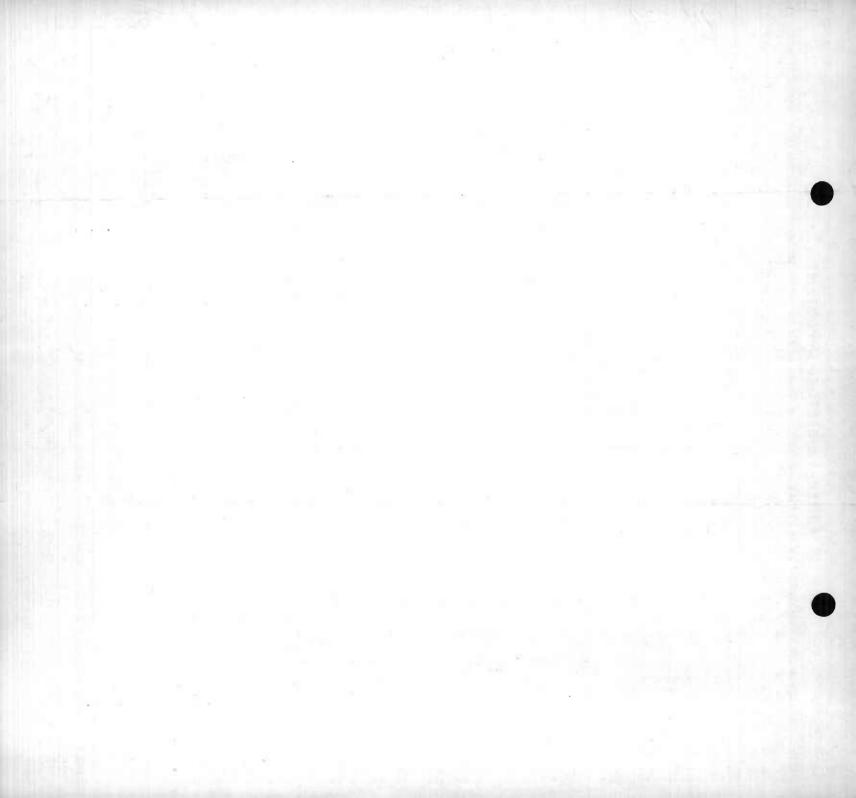


G. Truman Schwab 3512 Frederick Ave. Balto.Md.

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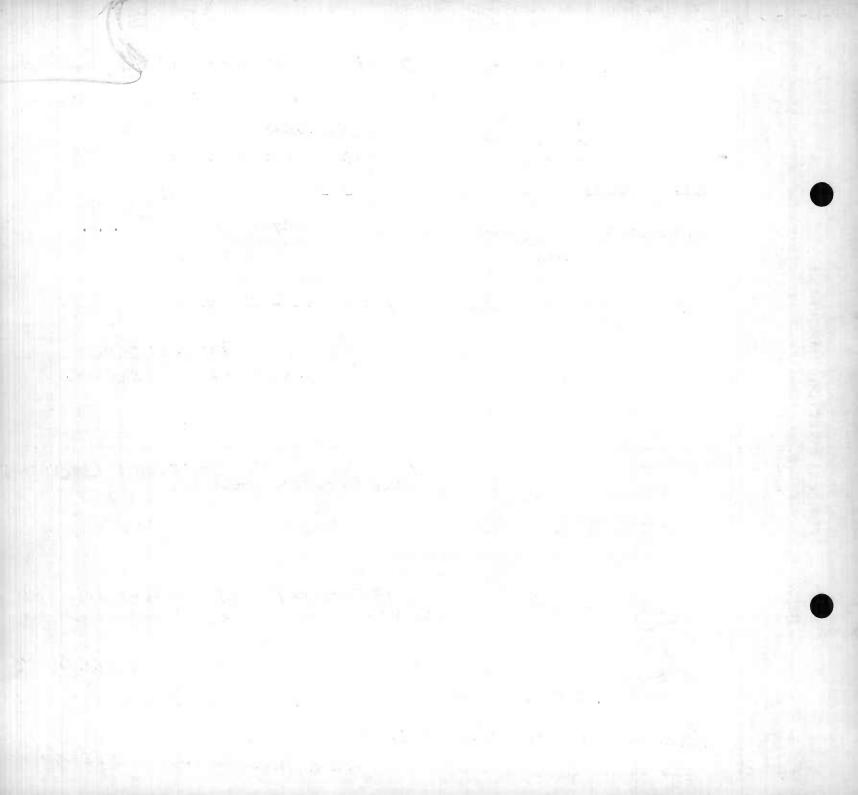
IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH 6 4. USUAL RESIDENCE (Where deceased lived, If institution; residence D. INSIDE CITY LIMITS? 9. AGE (In years If Under 24 Hrs. Hours Min. If Under 1 Yr. Months: Days 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF TES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Baltimare City, give exact facation) and that in (aur) apinian death accurred an the date 23B, DATE SIGNED (Stote) VS 150-REV. 1/1/68

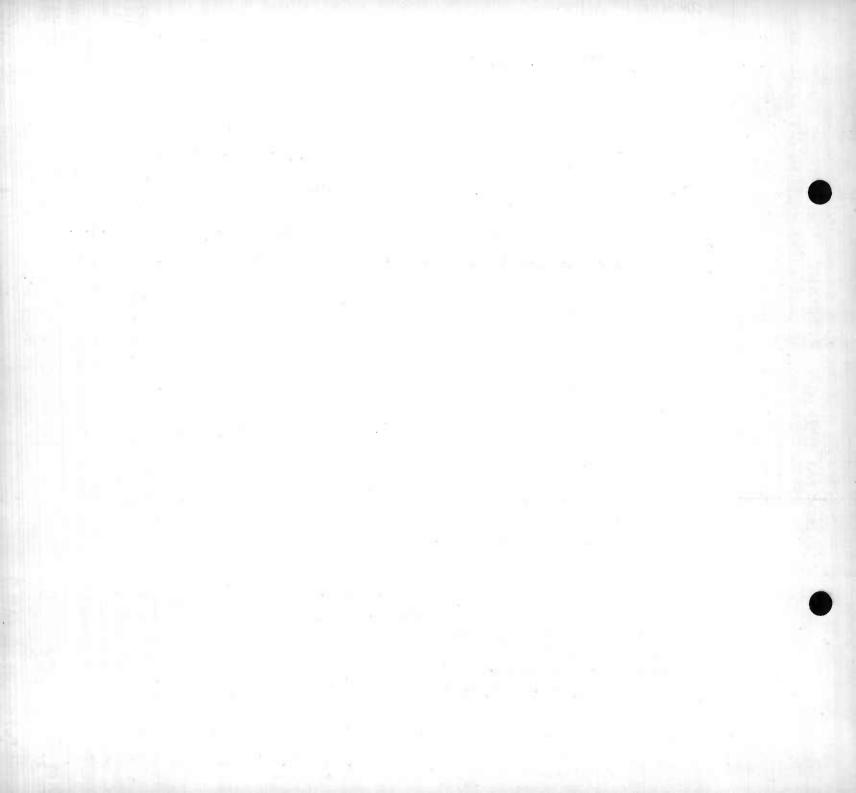
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		Ü	DEGREE					
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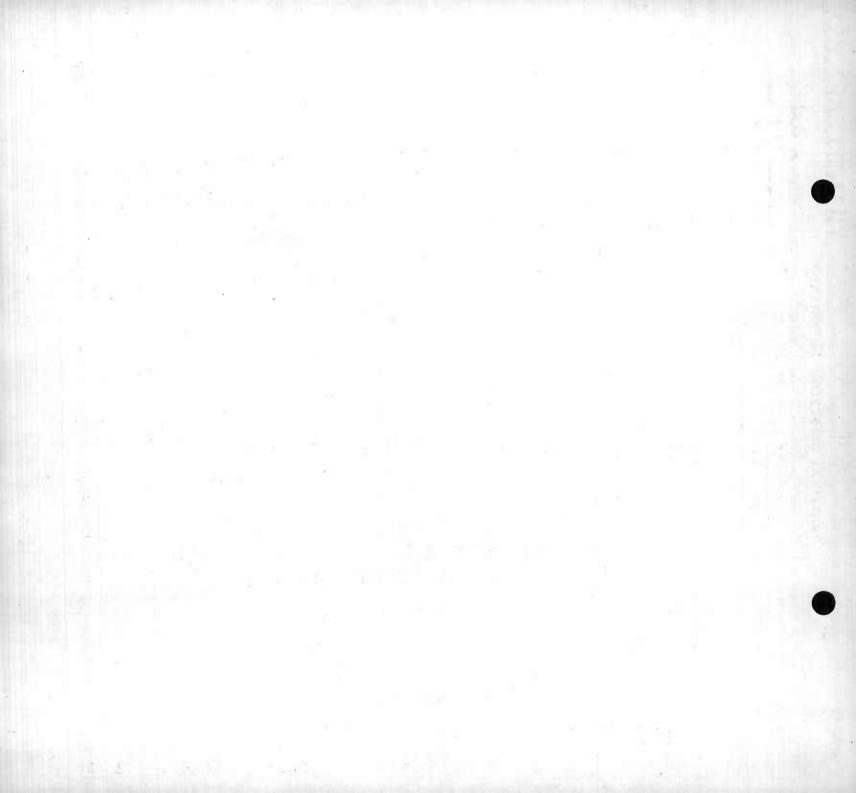
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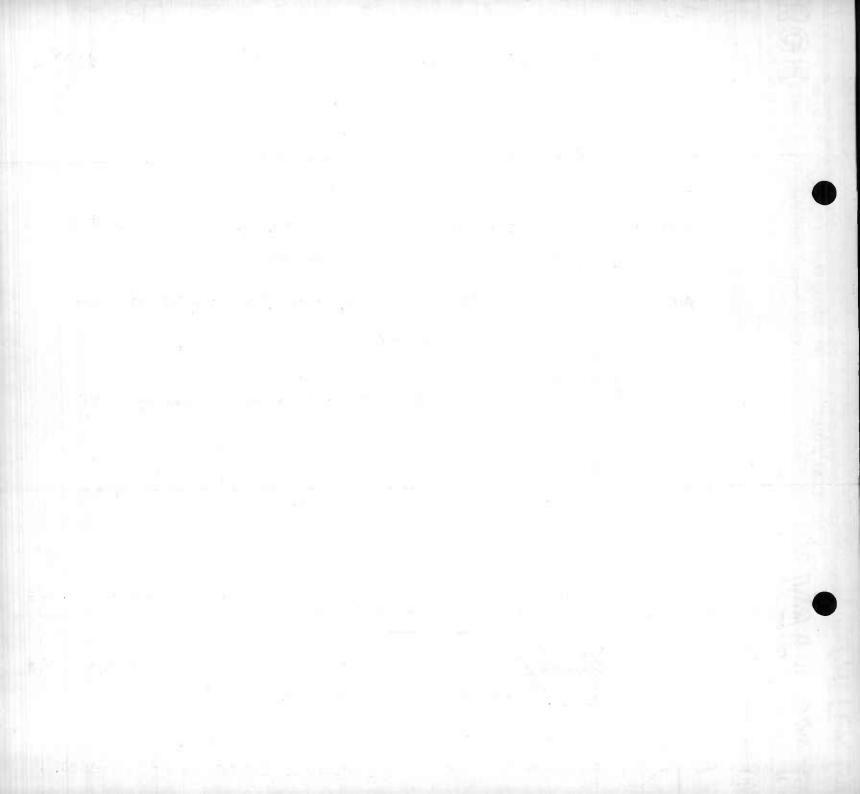
DY VICA DUCT. THE READ PLANTS AND THE PERSON NAMED IN COLUMN 1997.

(Airs) Frances A. Hemsley

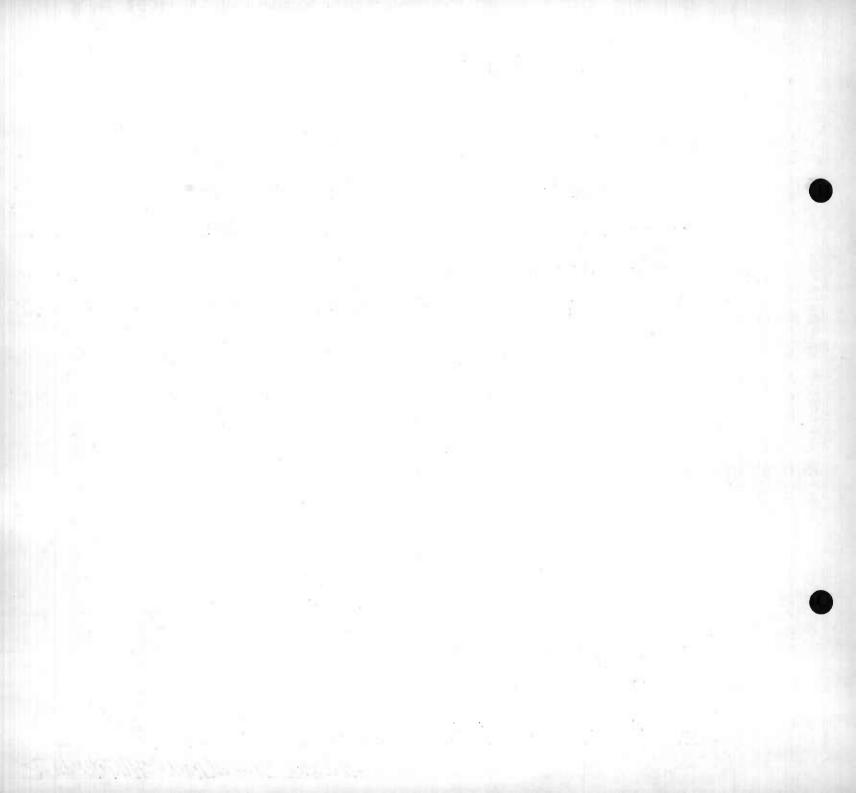
VS 150-REV. 1/1/6B



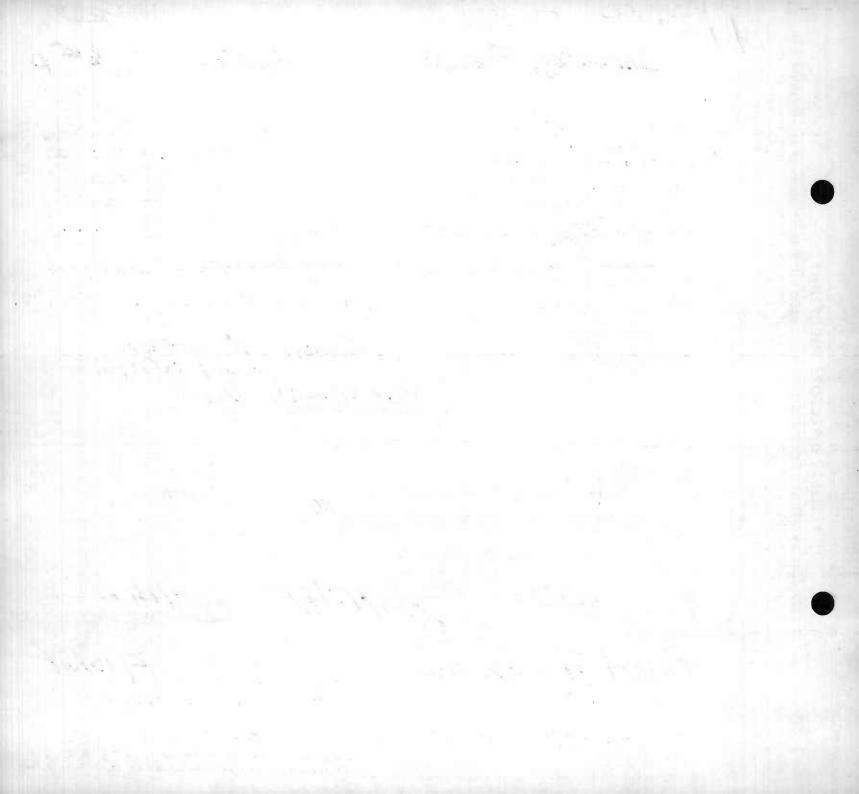
(тур	De or Print)		O. Jeremias Sr.	2, DATE AND HO 2/10/19	8: 35 P
3. 1	PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deco	eosed lived. If institution: residence before admiss
HC	LL NAME OF SPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITUTION, GIVE STREET ATION)	Md. Baltimo c. CITY OR TOWN Baltimore E. STREET AND NUMBER	D. INSIDE CITY LIMITS? YES NO
	00	631 Walker	Ave.	631 Walker Ave	
5. S	EX	6. RACE	7- MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AG	E (In years If Under 1 Yr. , If Under 24 I
IV	fale	White	WIDOWED DIVORCED	4/3/1891	76 Months Doys Hours Min
t0A	USUAL OCC	UPATION (Give kind of work	108 KIND OF BUSINESS OR INDUSTR		
don	Retire	working life, even if retired) d	Electrical	Baltimore, Md.	U. S. A.
13.	Ernes	^{ME} t O. Jeremias		Amanda Hirth	
	s, no or unknown	Ever in U. S. Armed For	a of comical Comments	17. INFORMANT	ADDRESS
	NO		212-12-5967 CAUSE OF DEAT	Mrs. Hilda M. Jere	mias 631 Walker Ave
				LICE /	
LUL	DISEASES (rise to the UNDERLYIN) OTHER SIGNIII TO THE DEAT DISEASE OR CONTRIBUTED ATT (notify) 21 D. TIME OF INJURY	FICANT CONDITIONS CO TH BUT NOT RELATED TO T ONDITION GIVEN IN PAR	ony, giving sloting lhe (B) PTTTM ony, giving DUE TO, OR AS OUE	20A. AUTOPSY? (Yes of No.) 20B. IN in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
CAL CERTIFICATI	DISEASES (rise to the UNDERLYIN) OTHER SIGNII TO THE DEAD DISEASE OR CONTRIBUTED TO THE DEAD DEATH (notify) 21 A. ACCIDE OR CONTRIBUTED TO FINJURY (APPROX.) 22. I certify	ostherio, etc. II meons application which coused ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION lost, FICANT CONDITION S COUST ON THE BUT NOT RELATED TO TO TO ONDITION GIVEN IN PARTY OPERATION 198. CON WAS PER NT WAS UNDERLYING THE CONDITION COUST OF MEDICAL COURSE OF MEDICAL COU	ony, giving DUE TO, OR AS DUE TO, OR AS deoth.) ony, giving DUE TO, OR AS DUE TO, OR	20A. AUTOPSY? (Yes or No.) 20B. IN in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	OVERSCUERE D. 475. IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact localian) DCCUR?
EDICAL CERTIFICATI	DISEASES (rise to the UNDERLYIN) OTHER SIGNII TO THE DEA' DISEASE OR COTISE OR CONTRIBUTE OR CONTRIBUTE OF INJURY (APPROX.) 21. L certify that (I) (we) and hour on 23A. SIGNATU	ostherio, etc. II means application which coused ANTECEDENT CAUSES OR CONDITIONS, if a above couse (A) G CONDITION lost. FICANT CONDITION SCOOM BY THE CONDITION OF COUNTY ON THE CONDITION OF COUNTY OF COURSE OF CAUSE O	ony, giving DUE TO, OR AS DUE	20A. AUTOPSY? (Yes or No) 20B. IN in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY O	OVERSCUE OR D. 475. IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact localian) DCCUR? To 2 19 6 2 (my) (our) opinion death occurred on the
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1	5 7 4 00 1				
BIP	68- 1806	CERTIFICA	ATE OF DEATH	REG. NO	68- 1806
1. N	NAME OF DECEASED) (NO HOUR OF DEATH	· M. 2= 2
	PLACE IN BALTIMORE MARYLAND WHERE PRONOUN	100H20	14 USUAL RESIDENCE (Wh	Jeb 68	institution: residence before odmis
			A. STATE B. COU	NTY	16-01
HO	ILL NAME OF (IF NOT IN NOST ITAL OR INSTITUTION ADDRESS OR LOCATION) STITUTION	ON, GIVE STREET	C. CITY OR TOWN	D. IN:	SIDE CITY LIMITS?
(7/1		Bolding	1	YES NO
3 (8 Millan		E. STREET AND NUMBER	Gin CI	1.000 // 1
5. S	SEX 6. RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	if Under 1 Yr. If Under 24
	+ Colored WIDOWERS	DIVORCED	5-8-1898	lost birthday	Months Days Hours Mi
	N. USUAL OCCUPATION (Give kind of work 10B, KIND OF BL	USINESS OR INDUSTR	RY 11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COU
00110	Housewite -	_	WINNSDONO	Silve	MSA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	SONN ABO		(aha	T	
Yes	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS
	100	None	Dames D	82115 915	1 Edward 2011
	18. 433,91	CAUSE OF DEA	TH.	-	APPROXIMATE INTERV
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Carpalla	in lace la	mi 77 Lbi
	(This does not seem the made of drive	(A) IMMEDIATE CA	AUSE COLO DE OF OF	25mg (M)	1,400 L
	(This daes not mean the made of dying, e.g.,	DUE TO, OR AS	S A CONSEQUENCE OF:		
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving	(8)	S A CONSEQUENCE OF:		
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MEDICAL CERTIFICATI	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. 3 3 1 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHI WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E, IN While Work 22. I certify that (I) (this hospital) ottended the that (I) (we) last saw the deceosed alive on ond haur and from the causes stated above. (II) (1) (23A. SIGNATURE) 23C. PHYSICIAN'S NAME (Type)	(B) DUE TO, OR A (C)	20A. AUTOPSY? (Yes or N 20A. A	IN CERTIFYING CA	auses of DEATH? The City, give exect lacotion) 1-12-69 19 11
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BALTIMORE CITY HEALTH DEPARTMENT

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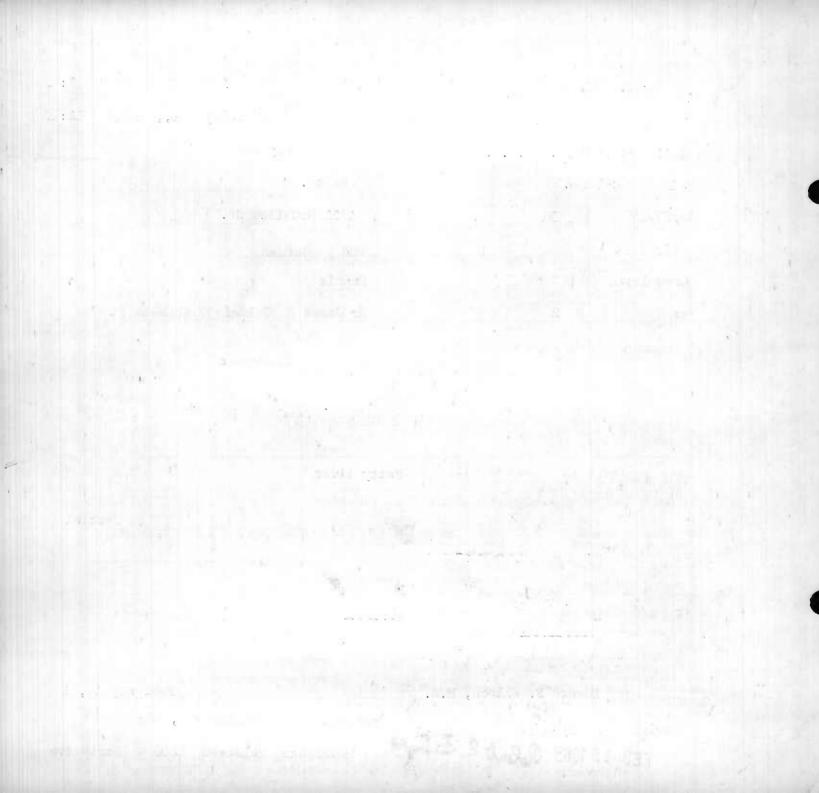
T-4	12		Y HEALTH DEPARTMENT	250 NO	68- 1809
BIRTH NO.	\sim 61	8- 1809 CERTIFICA	ATE OF DEATH	REG. NO	
1. NAME OF	DECEASED		2. DATE	AND HOUR OF DEATH	
(Type or Print)	EDWAND TO	DUSTON		FEB 13, 1968	920 P.M.
		WHERE PRONOUNCED DEAD PITAL OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (W		institution: residence before odmission)
FULL NAME HOSPITAL OF	BATTTMORE C	TTY HOSPITALS	C. CITY OR TOWN	D. 1N	ISIDE CITY LIMITS?
< 1	4940 EASTER		BALTIMORE		YES 🔼 NO 🗌
3/	1 2 1	MARYLAND 21224	516 S. BO	OULDIN ST.	21224
MALE	6. RACE WHITE	7- MARRIED NEVER MARRIED UIVORCED	8. DATE OF BIRTH 6-29-30	9. AGE (th years tast birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	CCUPATION (Give kind of wi st of working tife, even if retired	ork 10B, KIND OF BUSINESS OR INDUSTI	MARYLAND	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	rter- retired		THATTHAND		U.S.A.
13. FATHER'S	NAME ERNES	Tolsdon	14. MOTHER'S MAIDEN N	Schech	
5. Was Dece	ased Ever in U. S. Armed F	Forces? 16. SOCIAL	17. INFORMANT REC	ORDS: BALTIM	ORE CITY HOSPITALS
Yes, no or unkn	iown) (If yes, give war or de		1010 PACTERNI		TO., MD. 21224
1B. 6	7/,4 1	CAUSE OF DEA	TH		APPROXIMATE INTERVAL
D19	SEASE OR CONDITION		Ø.	1	
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O OTHER SHO	ONIFICANT CONDITIONS C				8 4 1 100
▼ DISEASE (DEATH BUT NOT RELATED TO OR CONDITION GIVEN IN P	PART f (A).			
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OR CONT	RIBUTING CAUSE OF	home, form, foctory, street,	office bldg., INJURY OCCUR?	(ii iii boliim)	ore chy, give exect location)
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(APPROX.)		Work At Wo	ik 📙		
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		toted obove. (1) (We) (did) (did not)			
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	1-08		Hending Med. Director	Shaff	
22/2 21111	Machild		hys. Director L	Phys.	HEB 13, 1968
23C. PHYS	(Type)	TO THO		MORE CITY HO	
	JACK BRAN	DEGR			TIMORE MD. 21224
24A. BURIAL REMOV	CREMATION, 24B. DATE	24C. NAME of CEMETERY of C		LOCATION	City, town, or county) (State)
Buria	1 2/17/	168 Oak Lawn (emet	eru B	altimore, M	Paryland
	C'D BY HEALTH DEPT	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS
	ad both cal	Land E. Janey	John A. Mon	an 1na 200	O E Baltimore St
s 150-REV.	1/1/68	1	90,00 /10	Willia JUL	C maringe st.



68- 1810 BALTIMORE CITY HEALTH DEPA MEDICAL EXAMINER'S CERTIF

ICATE OF	DEATH	REG. NO.	68-	1810
Known 🔀	Manth 2	Day 13	Year 68	Hour 12:
	Month	Day	Year	Hour

NAME OF DECEASED	2. DATE Known 🔀 Manth Day	Year Hour
Type or Print) EARL GOLDEN	OF DEATH Estimoted 2 13	68 12:15p _M
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION		968 12:15 p.
« A	5. USUAL RESIDENCE (Where deceased lived. If institution: re A. STATE B. COUNTY	esidence betare admission)
1822 McCulloh St. D.O.A.	Maryland	14-00
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	LIMITS?
Male Colored WIDOWED ☐ DIVORCED ☐	Balto. YES	No 🗆
P. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.	E. STREET AND NUMBER	
12/17/17 51	1822 McCulloh St.	
11. BIRTHPLACE (State or lareign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
Virginia U S A	Bud Golden	
4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR)	15. MOTHER'S MAIDEN NAME	
daneduring mast of working life, even if retired) Unempleyed	Fannie	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADD	RESS
(Yes, no or unknown) (If yes, give wor or dotes of service) Yes W W 2	Mr James E Golden 37 Kossuth	St.
19. 1/ CAUSE OF DEA	* · · · · · · · · · · · · · · · · · · ·	APPROXIMATE INTERVAL
786/1		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH (A)IMMEDIATE C		
heart foilure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:	
injury or complication which caused death.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
Z (C)		
TO THE REAL BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	4	
other significant conditions contributing fat	tty liver	
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 2	21. AUTOPSY? (Yes or No)
0 7		Partial
ZZA. EXTERNAL CAUSE WAS ZZB. PLACE OF INJURY (e.g.,	in or about 22C. WHERE DID (If in Boltimore City, give exact	lacation)
UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.	e bldg., etc.) INJURY OCCUR?	
22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) WHILE AT NOT	WHILE C	
(APPROX.) m. WORK AT W	VORK U	
	topsy A ond that on this basis, death in my op	ninlan
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
resulted from Natural courses Accident Suicid		
ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER	
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Edward F. Wilson, M.D.	Febru	ary 14, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)		or county) (State)
	Cometry Baltimore, Md	
Burial 2/19/68 National 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME RESISTING		DRESS
	Adolphus Halstead 1206 W	
FEB 15 1968 Robert E. Walter	Washing Heracon Trees !!	

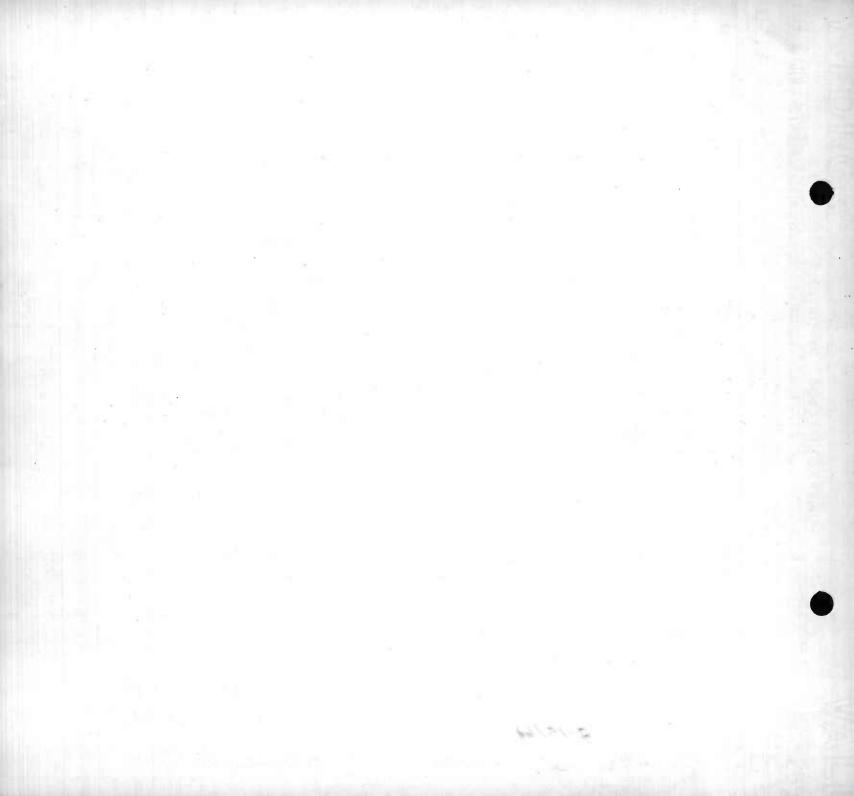


68- 1811 BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
I, NAME OF DECEASED 12, DATE AND HOUR OF DEATH
(Type or Print) HALL, EDMOND M., SR. Feb. 14 A68 1700 PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET (M)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?
Baltimore City Hospitals Baltimore No
4940 Eastern Ave.
Baltimore, Maryland # 21224 522 PORILAND 51
5. SEX 6. RACE White 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years lost birthday) Months Doys Hours Min.
Male CAV WIDOWED DIVORCED 2 11.27, 99 68
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired)
ENGINEER US.A
13. FATHER'S MAINEN NAME
ALGERT HALL FERNOS MIRANDA WILLIAMS.
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. # 21224
No 214-18-3395 BCH: Records 4940 Eastern Ave. Baltimore, Md.
1B. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This daes not mean the made of dying, e.g., (A) IMMEDIATE CAUSE (LUCTURE CONSEQUENCE OF:
heart failure, asthenia, etc. II means the disease, injury ar camplication which caused death.)
ANTECEDENT CAUSES 4 Time Part Report
DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
rise to the above cause (A) stating the
UNDERLYING CONDITION 10st. (C) Caratronia of Activation of Management
z /8/,0 II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR?
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
D 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
OF INJURY While At Not While
22. I certify that (M) (this haspital) attended the deceased from 1.31 1965 to 2.14 1965
that (N) (we) last saw the deceased alive an # 26 14 19 6 8 and that in(mg) (aur) apinion death accurred on the date
and hour and from the causes stated above. (I) (We) (did) (did not) view the bady ofter death.
23A. SIGNATURE 23B, DATE SIGNED
Attending Med. Staff Med. Staff Med. Staff Med. Staff Med.
23C. PHYSICIAN'S NAME (Type) 23D. ADDRES 4940 Eastern Ave. Baltimore, Md. #2122
KOZE II DESSIN NO MONTHER CALLANDON LA .
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, 16wn, 91 county) (Stote)
REMOVAL (Specify) 3 19 10 Canal Campage Co VA
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRATE 25C. FUNERAL DIRECTOR
FEB 15 1968 Of De E Janoura Hartle Halle - 2334 lefers St.
VS 150-REV, 1/1/6B

S. F. Paperson Mount of the Acres 16. Look Bear Thomas The Training The

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the FUNERAL DIRECTOR: IMPORTANT

1 2 = 2	BALTIMORE CITY	HEALTH DEPARTMENT		68- 1812
H-20- BIRTH NO. 108-03486 68-	1812 CERTIFICA	TE OF DEATH	REG. NO	00 1015
I, NAME OF DECEASED Type or Print) BOLY A	O Askins		D HOUR OF DEATH	7681 8 4
PLACE IN BALTIMORE, MARYLAND, WHERE	RONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If	institution: residence before admission
ULL NAME OF (IF NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	Marykan		21216
(MOITAL OF ADDRESS OF LOCATION)		C. CITY OR TOWN		SIDE CITY LIMITS?
University of Mar	yland Hospital	Baltimo	re	YES NO D
	ine Streets	2737 W.L	afayet	re Avel 8
SEX 6. RACE 7. MA	RRIED NEVER MARRIED		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months: Doys Hours Min.
ternale Negroid wio	OWED DIVORCED	1.30.1968	out offinday,	120 10
DA. USUAL OCCUPATION (Give kind of work 108, KI	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNT
intent		ma.		USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
Lee Askir	S	Elenoro	Mass	
5. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give wor or dotes of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		Univers	ita H	soital
18. 7 7 4 1	CAUSE OF DEATH	i	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY		0 1	1-	DET WEEK ONCE AND DEA
LEADING TO DEATH	(A) IMMEDIATE CAU	SE Fremont	villy	
(This does not mean the made of dying, heart failure, asthenia, etc. 11 means the di		CONSEQUENCE OF:		
injury or complication which caused death.)		0 .	
ANTECEDENT CAUSES	(a) Carda	ovascular 1	Coporah	954
DISEASES OR CONDITIONS, if any,	giving DUE TO, OR AS	ovascular 1	tail	Nose !
rise to the above cause (A) stating	g the			7
	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBL	ITING			
TO THE DEATH BUT NOT RELATED TO THE TERM				
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19 A. DATE OF OPERATION 19B. CONDITION WAS PERFORME		20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol examiner)	21B. PLACE OF INJURY fe-g., i home, farm, foctory, street, of etc.)	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltime	ore City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hou	7) 21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At Not While	• 🗆		
	Work L At Work		- (1)	1 71
22. I certify that (i) (this hospital) atte			9 68 to	,
that (i) (we) lost saw the deceased aliv	re on	19 6 8 ond th	ot in (my) (aur) ap	pinion death accurred an the d
ond haur and fram the couses stated ob	ove. (1) (We) (did) (did not) v	iew the body after deoth.		
23A. SIGNATURE	,			23B. DATE SIGNED
molean Kt	Atte	nding Med.	Staff Phys.	1.31.68
23C. PHYSICIAN'S NAME (Type) MISBAL	DEGREE PRIVA	COMY BOARD		
	DEGREE		CAUGH CC	(Stote)
REMOVAL (Specify) 2-/5/68	24C, NAME OF CEMETERY OF CRI	FWSitt Wees.		OOL
FEB 15 1968 02 0 6 2	ATTE OF REGISTRAR	25C. FUNDANCEDICTO	L DISPOS	ALADDRESS
LED TO 1200 (FRED F	CHARLES THE PARTY OF THE PARTY	DODITIE	TO TOT O	
VS 150-REV, 1/1/6B	7 4,			



FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written annual must be about the same are embalmed or find diencition is made
	This certificate must be approved by the	the body was released to the hospital l	shows: (1) An accident of any nature; (2	was D.O.A. at a hospital (except where	deceased prior to death); and (6) No p	the second district of the second sec

1 111 =	BALTIMORE CITY			
18th No. 7 600 0100 168-	1813 CERTIFICA	TE OF DEATH	Registered No.	68- 1813
A.E. CASE NO. 108-0/28 100 -	2010 01(11)		HOUR OF DEATH	
Type or Print) Baby Girl +	Eprin	1/2	-4/68	1945 P
PLACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (Where	deceased lived. If is	nstitution: residence bofore admiss
FULL NAME OF (If not in hospital or insti	tution give sheet	ma-		
HOSPITAL OR oddross or location)	ionon, give aneur	C. CITY OR TOWN (If outs	ide city limits, write	RURAL and give township)
28 Univ. Nos	- 0 -	Ba Ho.		1 ml = 0 10
38	1		irol, give location)	
		2736 5	t. Paul.	57-
	ARRIED, NEVER MARRIED		. AGE (In years	If Under 1 Yr. If Under 24 1
FIN	DOWED, DIVORCED (specify)	1/24/68	ost birthdoy)	Months Doys Hours Mir
DA. USUAL OCCUPATION (Give kind of work 10 B. KI	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF
one during most of working life, even if relired)		me-		WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHERS MAIDEN NAM		4311
S. FAITHERS NAME	,	14. MOTHER'S MAIDEN NAM	01.11.	11
James y thous	777	Maria	Leveli	Th
Was Decaused Ever in U. S. Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRESS
18. 4	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY			STATE PARTY	ONSET AND DEATH
LEADING TO DEATH	in Co	speration pr	eumonia	15 hour
(This does not mean the made of dying		The state of the s	4	
heart failure, asthenia, etc. It means the di injury ar complication which caused death.				
	(B)		MT 6 8 9 0 0 8 AM 6 9 9 9 M M 6 9 8 0 0 0 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	
injury or complication which caused death. ANTECEDENT CAUSES	(B)			
injury ar complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoling	(B) DUE TO			
injury or complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any,	(B) DUE TO			
DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoling UNDERLYING CONDITION tost.	(B)			
DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoling UNDERLYING CONDITION tost.	giving g the (C)			
DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoling UNDERLYING CONDITION to st. 763.0 OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	(B) DUE TO giving g The (C) BUTING TO THE	IZOA ALITOBEYS (V. a. N. I	20R IE VEC WARE	EINDINGS CONSIDERED
DISEASES OR CONDITIONS, if any, rise la lhe abave cause (A) stoling UNDERLYING CONDITION to st. 763.0 OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	giving g the (C) BUTING TO THE	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
injury ar complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the abave cause (A) stoling UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	giving g ihe (C) BUTING TO THE	Yes-	IN CERTIFYING CA	USES OF DEATH?
DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoling UNDERLYING CONDITION to st. OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	(B) DUE TO giving g lhe (C) BUTING TO THE I FOR WHICH OPERATION D 21B. PLACE OF INJURY (o.g., ir home, lorm, foctory, street, of	4e8 -	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoling UNDERLYING CONDITION to st. OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (notify modical examinet)	giving g lhe (C) BUTING TO THE I FOR WHICH OPERATION D 21B. PLACE OF INJURY (o.g., ir home, form, foctory, street, of otc.)	Jes - n or obout 21C. WHERE DID fice bldg, INJURY OCCUR?	(If in Boltimon	USES OF DEATH?
injury ar complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoling UNDERLYING CONDITION tost. 7	giving g lhe (C) BUTING TO THE I FOR WHICH OPERATION D 21B. PLACE OF INJURY (o.g., in home, lorm, foctory, street, of otc.)	or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimon	USES OF DEATH?
injury ar complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the abave cause (A) stoling UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTRITO TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily modical axamines)	giving g lhe (C) BUTING TO THE I FOR WHICH OPERATION D 21B. PLACE OF INJURY (o.g., ir home, form, foctory, street, of otc.)	or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimon	USES OF DEATH?
Injury or complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoling UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily modical examiner) 21D. TIME (Month) (Doy) (Your) (House of INJURY (APPROX.)	(B) DUE TO giving g lhe (C) BUTING TO THE I FOR WHICH OPERATION 21B. PLACE OF INJURY (o.g., ir home, form, foctory, street, of otc.) 1) 21E. INJURY OCCURRED While At Not While Work	Jes- por obout 21C. WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID INJU	IN CERTIFYING CA	re City, give exact location)
injury or complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoling the condition lost. 7 6 7 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily modical examiner) 21D. TIME (Month) (Doy) (Your) (Hound of Injury (APPROX.)	giving g lhe (C) BUTING TO THE I FOR WHICH OPERATION 21B. PLACE OF INJURY (o.g., ir home, lorm, foctory, street, of otc.) 21E. INJURY OCCURRED While At Not While At Work Not While At Work	Jes- n or obout 21C. WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID INJU	(If in Boltimos	re City, give exact location)
injury ar complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise la the abave cause (A) stoling UNDERLYING CONDITION tost. 7	giving g lhe (C) BUTING TO THE I FOR WHICH OPERATION D 21B. PLACE OF INJURY (o.g., in home, lorm, foctory, street, of otc.) 1) 21E. INJURY OCCURRED While At Not While Work At Work Indeed the deceosed from 12 4	21F. HOW DID INJU	(If in Boltimos	re City, give exact location)
injury ar complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoling UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical examiner) 21A. ACCIDENT WAS UNDERLYING OF INJURY (APPROX.) 21. Certify that (1) (his hospital) often that the couses stated about hour and from the couses stated about the couses stated about the couses stated about the couse of the couses stated about the couse of the couses stated about the couse of the c	giving g lhe (C) BUTING TO THE I FOR WHICH OPERATION D 21B. PLACE OF INJURY (o.g., in home, lorm, foctory, street, of otc.) 1) 21E. INJURY OCCURRED While At Not While Work At Work Indeed the deceosed from 12 4	21F. HOW DID INJU	(If in Boltimos	NUSES OF DEATH? THE City, give exact location) 19 50 inion death occurred an the
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FUNERAL DIRECTOR: IMPORTANT

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G-435 BIRTH NO. 68-0/635 68-	1814 CERTIFICA	TE OF DEATH	REG. NO	68- 1814 4
NAME OF DECEASED	Raby Girl		HOUR OF DEATH	9450
PLACE IN BALTIMORE, MARYLAND, WHERE P	PRONOUNCED DEAD	4. USUAL RESIDENCE (Who	deceased lived. Il inst	itution: residence before admissi
ULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	nd		17-09
The UNION Memori		Battimore		YES NO
The UNION METICAL	ar 123 gricer	E CIDEET AND AUGADED	wilfor) Ave #18
SEX 6. RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	. AGE (In years	If Under 1 Yr. If Under 24 H Months: Days Hours Min.
	OWED DIVORCED	1/29/68	W. 10 Sept.	40
DA. USUAL OCCUPATION (Give kind of work 10B. KI one during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BINGHPLACE (State or foreign	n Country)	U . S-A.
FATHER'S NAME		14. MOTHER'S MAIDEN NAM	IE .	
HORACE GWALT.	NEY	ROSETTA		
5. Was Deceased Ever in U. S. Armed Forces? es, no or unknown! (II yes, give wor or dates at se	orvice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
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heart failure, osthenio, etc. It means the di injury or complication which caused death,		,		
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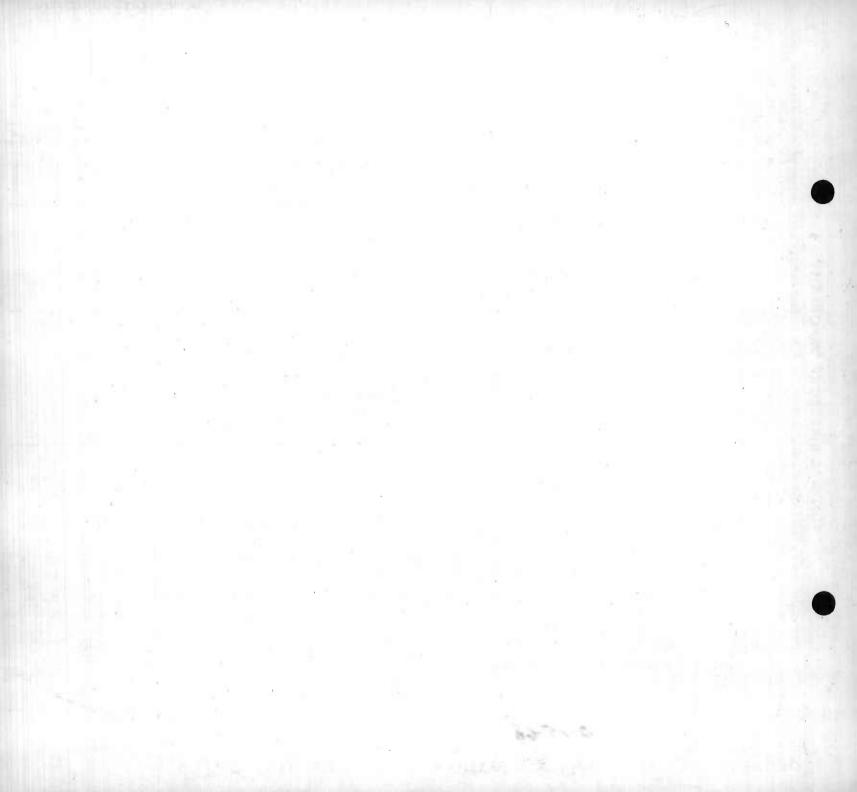
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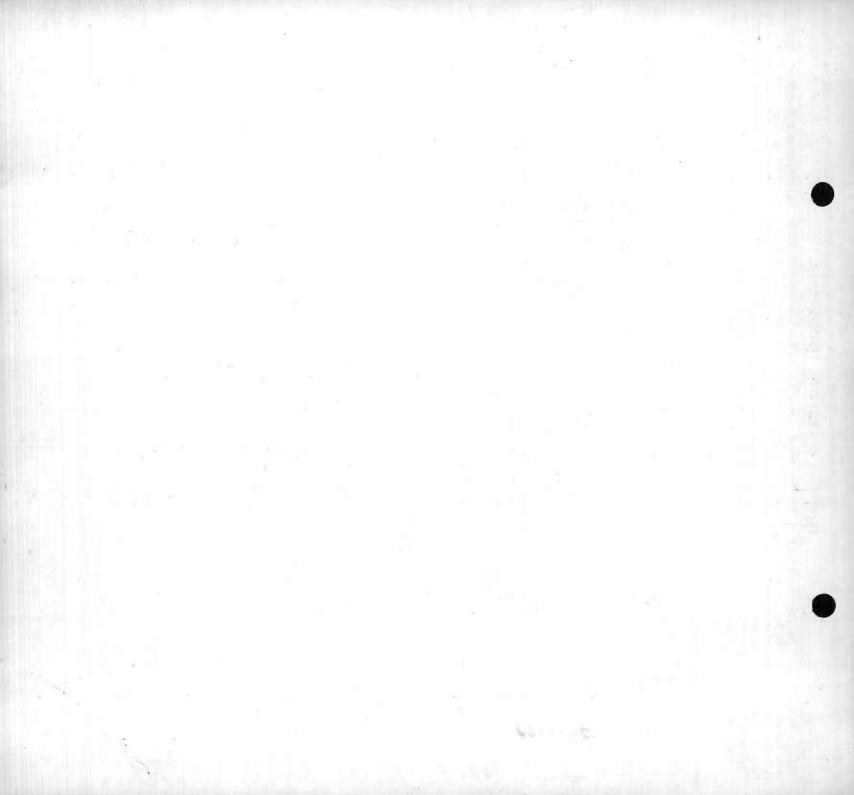
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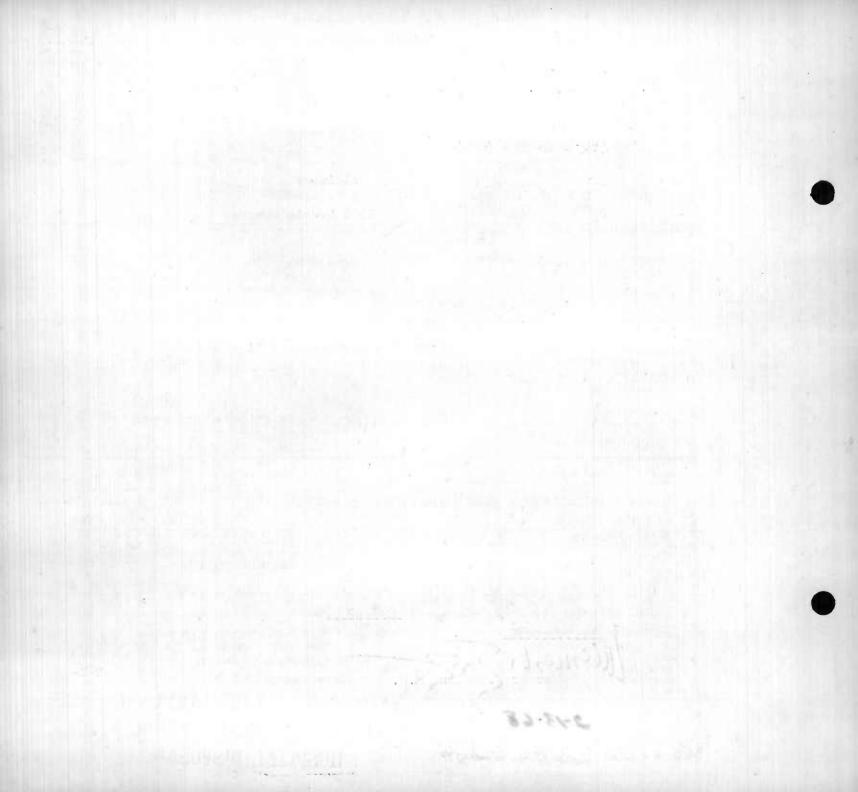
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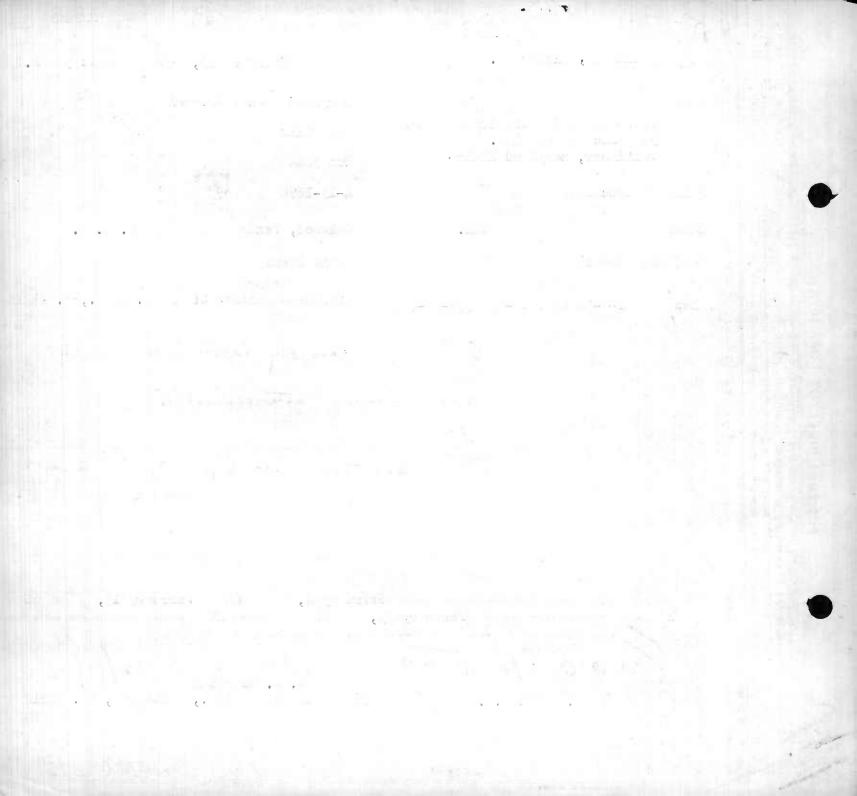
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Autopsy X I certify that I held an Inquiry and that on this basis, death in my opinion Inspection ___ Suicide resulted from: Natural causes X Accident ___ Homicide ___ Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE. M.D. 2-3-68 Werner Spitz M.D EXAMINER'S ASSOCIATE MEDICAL EXAMINER NAME (Type) 240 NAME of CEMERY 24A. BURIAL CREMATION, 24B. DATE (State) REMOVAL (Specify) 25B. NAME OF REGISTRAR VS 151-REV. 1/1/6B

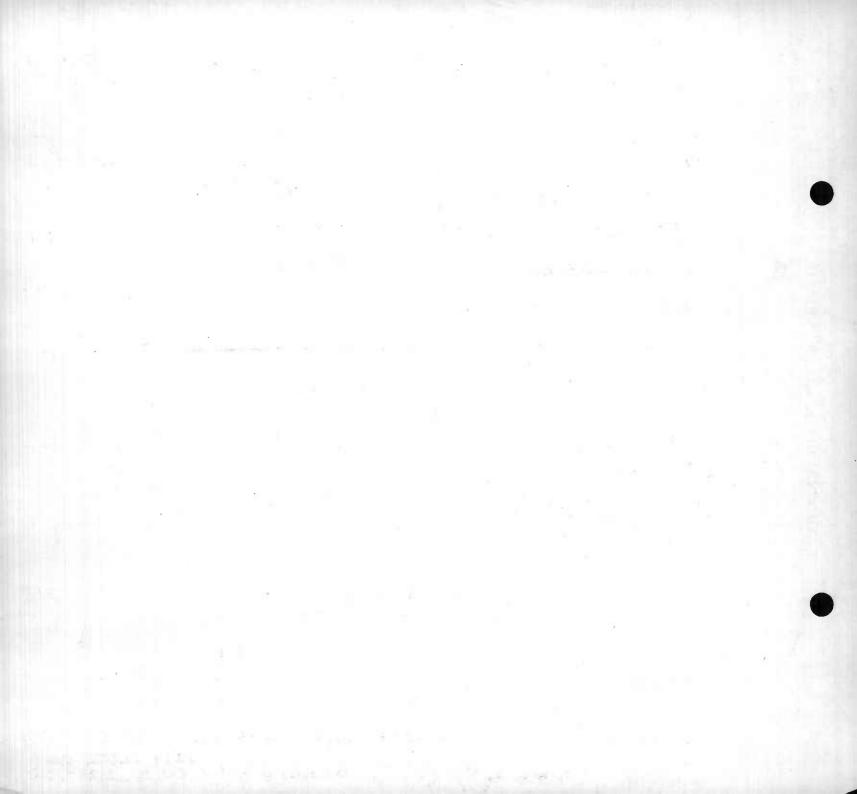


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FUL	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL OR ADDRESS OR LOCATION) INTUTION Veterans Administration Hospital 3900 Loch Raven Blvd. Baltimore, Maryland 21218				4. USUAL RESIDENCE (When A. STATE B. COUN Maryland And C. CITY OR TOWN Gambrills E. STREET AND NUMBER	ne Arundel	IDE CITY LIM	52-00
					Box 564A			
s. s	ale	6. RACE Caucasian	7- MARRIEN	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Months D	Yr. If Under 24 H oys Hours Min.
done		JPATION (Give kind of work working life, even if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei			OF WHAT COUNT
	FATHER'S NAME	Kimbell			14. MOTHER'S MAIDEN NAM			
Yes.		Ever in U. S. Armed Formula (If yes, give wor or date 1-2-18 to 9-	s of service)	16. SOCIAL SECURITY NO. 579-07-7619	17. INFORMANT Recor Veterans Admin			DDRESS 0., Md. 212
	injury or com	osthenia, etc. 11 means application which caused ANTECEDENT CAUSES			A CONSEQUENCE OF:	e olivos is		*****
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ATIC	DISEASES OF CONTROL OF	nplication which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A)	ony, giving stating life. NTRIBUTING HE TERMINATION I (A).	DUE TO, OR AS	navy afterio	hip:	FINDINGS C	2 weeks
DICAL CERTIFICATION	DISEASES OF TISE TO THE SIGNIFT TO THE DEAT TO SEASE OR CONTRIBLE DEATH (notify 21D. TIME OF INJURY	ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) CONDITION last. CONDITION last. CLANT CONDITIONS COLOR CONDITION GIVEN IN PAR OPERATION 1988. CON WAS PERFORM CAUSE OF medical examiner) (Month) (Day) (Year)	ony, giving slating line. NTRIBUTING HE TERMINAT 1 1 (A). DITION FORMED 218. hometc.)	PLACE OF INJURY (e.g., injury occurred in Not White At No	20A. AUTOPSY? (Yes or No in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS C USES OF DE	ATH?
MEDICAL CERTIFICATION	DISEASES OF TISE TO THE DEAT DISEASE OF CONTRIBLE DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that 20 (we) and hour of the contribution of the contribu	ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) of CONDITION last. FICANT CONDITION SCOTE OF CONDITION GIVEN IN PART OPERATION 198. CON WAS PERFORMED CAUSE OF Medical examines) That Was underlying Chause of medical examines) (Month) (Day) (Year) That Was the decease of from the causes stated and the causes and the causes stated and the caus	ony, giving stating the statin	PLACE OF INJURY (e.g., form, factory, sheet, collider At Work he deceased from F. February 13	20A. AUTOPSY? (Yes or No fin or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	OB TO PEDE	re City, give	ATH? exect locotion) 19 68
MEDICAL CERTIFICATION	DISEASES OF TISE TO THE DEAT TO THE OF CONTRIBLE DEATH (notify (APPROX.) 21 D. TIME OF INJURY (APPROX.) 22 L certify that (APPROX.) 23 A. SIENATURY (APPROX.)	ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) CONDITION lost. FICANT CONDITIONS COLOR OPERATION GIVEN IN PAR OPERATION GIVEN GI	ony, giving stating line. NTRIBUTING HE TERMIN AT 1 1 (A). 1 1 (A). 218. hometc.) (Hour) 218. Whi World of the dolive on medical states of the dolive of the	PLACE OF INJURY (e.g., te, form, factory, sheet, colling and the deceased from finding the decea	20A. AUTOPSY? (Yes or No in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	208. IF YES, WERE IN CERTIFYING CA (If in 8oltimor G 4 A URY OCCUR? 1968 to Febr of in May) (our) opi	re CHy, give of	ath? exoct locotion) 19 68 occurred on the original of the original orig

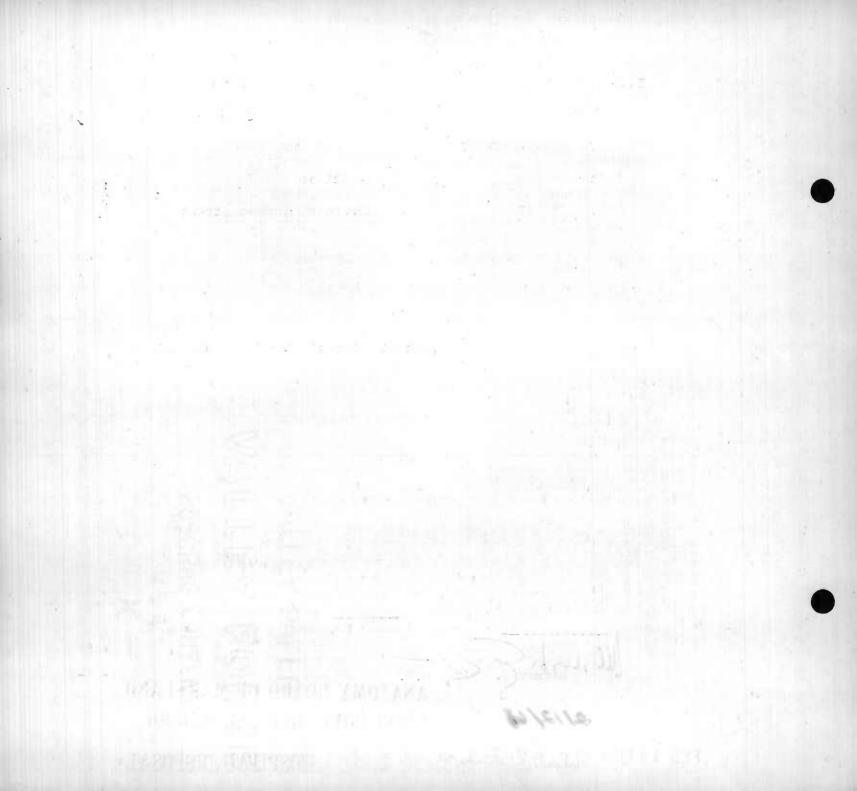


FUNERAL DIRECTOR: IMPORTANT

1 11/	BALTIMORE CITY	HEALTH DEPARTMENT	-	121Q
68- 1819	CERTIFICA	TE OF DEATH	REG. NO.	. 1010
1. NAME OF DECEASED		2. DATE	AND HOUR OF DEATH	
(Type or Print) AEBIBIAL Me GERA	AF A	21	11/68	7:30 A.M.
3. PLACE IN BALTIMORE, MARYNAND, WHERE PRONOUN	NCED DEAD	4. USUAL RESIDENCE (WI A. STATE B. COL	here deceased lived. If ins	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	TION, GIVE STREET	MARYLAND C. CITY OR TOWN	D. INSID	26-65
INSTITUTION		BALTIMORE	D. 114312	YES NO
BON SECOURS HOSpital		E. STREET AND NUMBER		
34		333 S, Co	REWALL STRE	ET#21224.
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years 56 lost birthday)	If Under 1 Yr., If Under 24 Hrs.
MALE white WIDOWED	DIVORCED	3/6/011,	66	
done during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	R.R. Co.	MARYLAND		4.5.A.
13. FATHER'S NAME	,,,,,	14. MOTHER'S MAIDEN N	AME	
JOSEPH LOBRIFINI		BARBARA	DIETZ	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
l la	705-05-0161	JOSEPHINE E	LOEBLEI	V SAME
18.	CAUSE OF DEATH	1		APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Micagin	e acute run	mandial	SELMEEN ONSEL AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU	SE	TOWN - M	1 day
(This daes not mean the mode of dying, e.g., heart failure, asthenia, efc. It means the disease,	DUE TO, OR AS	A CONSEQUENCE OF:	Land	
injury or complication which coused death.)		-		
ANTECEDENT CAUSES	(8)			
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF:		13.0
UNDERLYING CONDITION lost.	(c)			
_ 420·/ II				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	UICH OBERATION	20A. AUTOPSY? (Yes or	Nol 208 IE Vee Mene E	INDINGS CONSIDERED
1-8-68 CONDITION FOR WAS PERFORMED Christis This a si		401)	IN CERTIFYING CAU	INDINGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING 21B.	PLACE OF INJURY (e.g., in	or obout 21 C, WHERE DID	(If In Boltimore	City, give exoct location)
▼ DEATH (notify medical examiner) etc.)	, form, toctory, street, of	fice bldg., INJURY OCCUR?		
O 21D-TIME (Month) (Doy) (Year) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
OF INJURY (APPROX.) While				
Work		ebruary 1 ST	1968 to Feb	11 10/18
22. I certify that (I) (this haspital) attended the	7 /	181		
that (I) (we) last saw the deceased alive an				ian death accurred an the date
and haur and fram the causes stated above. (1)	(We) (did) (did nat) v	iew the bady after death	1.	
23A. SIGNATURE	Atte	nding Med.	Shaff 107	23B. DATE SIGNED
my Klusk	DEGREE Phys	i. Director	Staff Phys.	TIBE 11,68
23C. PHYSICIAN'S NAME (Type)) Pre	23D. ADDRESS	(H
JAJ NOX JA	DEGREE	(Op)	JECOUL	RS 110SPITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NA.	ME of CEMETERY OF CRE		LOCATION (Cit	y, town, or county) (Stote)
BURIAL 2-15-68 HOL	REDFEMER		430 BELAIN	RD, BALTO, MD.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	F REGISTRAR	25C. FUNERAL DIRECT	0 . 6224	Eastern ave.
TED TO BOOD OFFIRE &	Pulling AR	Charles &	Level Bal	to, 21224, MD.
VS 150-REV. 1/1/6B			()	



13-626 68- 1820 BALTIMORE CITY HE	ALTH DEPARTMENT		
	CERTIFICATE OF DEATH REG. NO. 68- 1820		
BIRTH NO.	REG. NO.		
1. NAME OF DECEASED	2. DATE Known Month Doy Yeor Hour		
(Type or Print) WILLIAM BURKER	OF DEATH Estimoted D January 25, 1968 11:43 P		
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD January 25, 1968 11:43 P		
OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. if institution; residence before odmission)		
520 SOUTH HANOVER STREET	A. STATE Maryland B. COUNTY		
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?		
Male White WIDOWED DIVORCED	Baltimore YES 🕅 NO 🗌		
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER		
lost birthdoy) 47	520 South Hanover Street		
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME		
WHAT COUNTRY?			
14A.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY	115. MOTHER'S MAIDEN NAME		
done during most of working lile, even if retired)			
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS		
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	ASSESS		
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL		
1087	BETWEEN ONSET AND DEA		
DISEASE OR CONDITION DIRECTLY Arteri	losclerotic Cardiovascular Diseas		
(A)IMMEDIATE C	CAUSE AS A CONSEQUENCE OF:		
heort foilure, osthenio, etc. It meons the disease, Injury or complication which coused deoth.)	AS A CONSEQUENCE OF:		
ANTECEDENT CAUSES (B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:		
UNDERLYING CONDITION LAST.			
Q 4221 II			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
DISEASE OR CONDITION GIVEN IN PART 1 (A).			
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)		
 	Yes		
Z2A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in or obout 22C. WHERE DID (II in Boltimore City, give exact location)		
UNDERLYING OR CONTRIB. home, form, foctory, street, office	e bldg., etc.) INJURY OCCUR?		
UTING ☐ CAUSE OF DEATH. ≥ 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?		
OF INJURY	WHILE C		
	VORK LI		
I certify that I held an Inquiry Inspection Au	tapsy 🗵 and that on this basis, death In my apinian		
resulted from: Natural causes 🗵 Accident 🗌 Suicid			
ACTUAL IMA	CHIEF MEDICAL EXAMINER DATE SIGNED		
SIGNATURE ILLENDS IN FORM.D	ASSISTANT MEDICAL EXAMINER X		
EXAMINER'S Werner (V. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER 1-26-68		
NAME (Type)	TOMY BOARD OF MARYLAND		
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	ar CREMATORY 24D. LOCATION (City, town, or county) (Stote)		
2/12/60 UNIV	ERSITY MEDICAL SCHOOL		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS		
FEB 15 1968 Robert E. Farkeyns	ENCOTTAT DICEOGAT		
VS 151-REV. 1/1/68	EUDITIAL DISTUBAL		



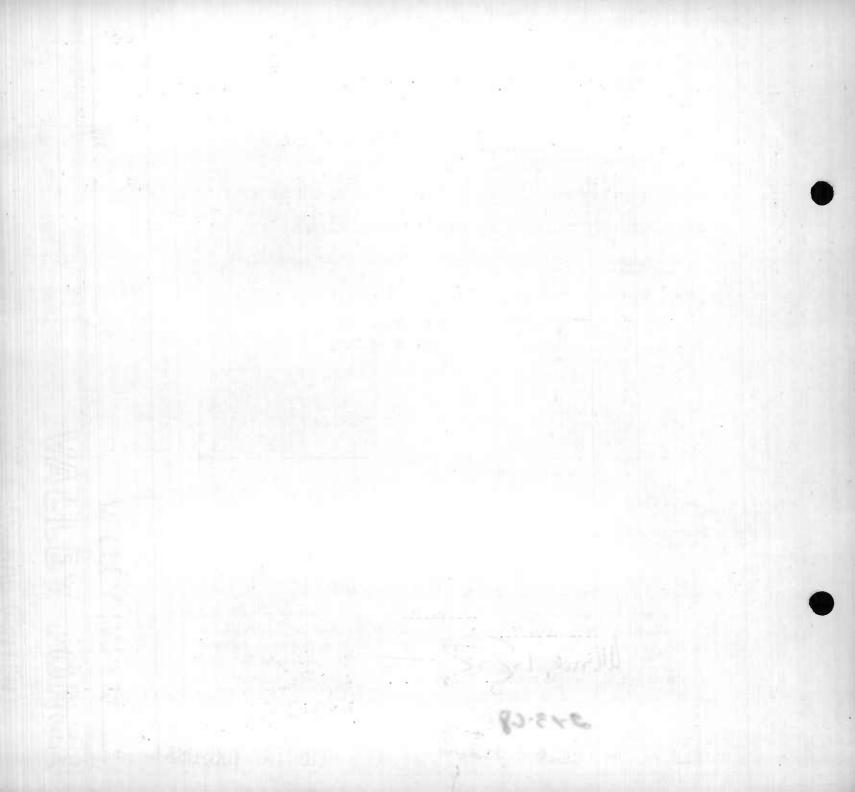
25C. FUNERAL DIRECTOR

ADDRESS

REMOVAL (Specify)

25A. DATE REC'D BY HEALTH DEP

58. NAME OF REGISTRAR



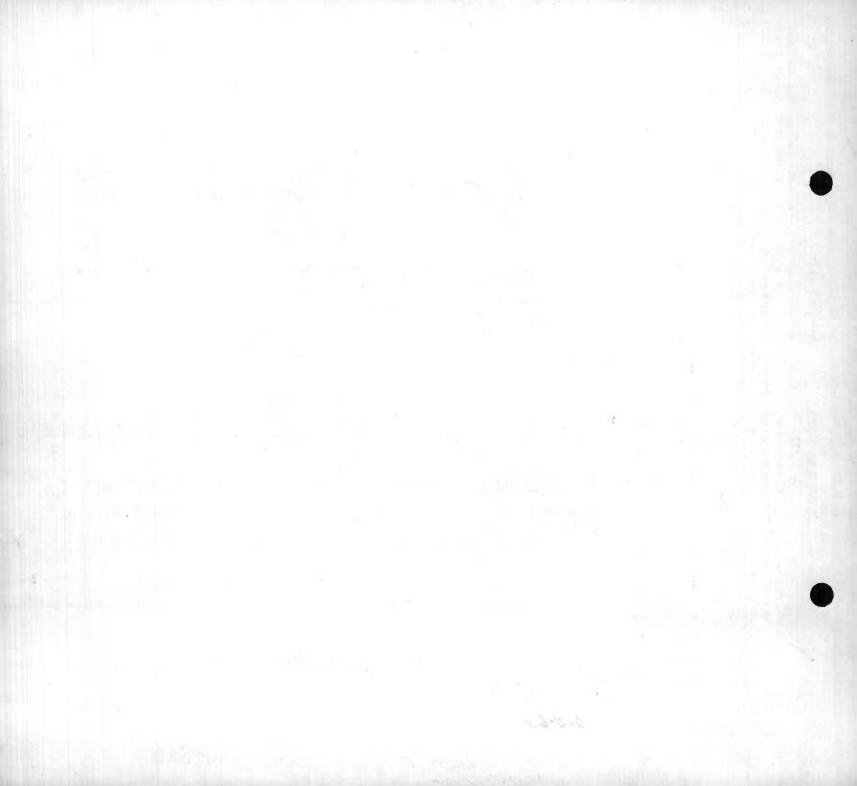
VS 150-REV. 1/1/68

	Y HEALTH DEPARTMENT 68- 1822
BIRTH NO.	ATE OF DEATH REG. NO.
BIRTH NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print)	
watson, James	2/5/68 5:30A M. [4. USUAL RESIDENCE (Where deceased fived, If institution; residence before admission)
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Md. Baltimore S-01
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	Baltimore, YES NO
138 10 1 1 1 11	E. STREET AND NUMBER
38 University Hospital	850 W. Battimore St.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. If Under 24 Hrs. Months; Days Hours; Min.
Mole William WIDOWED DIVORCED	2/2/01
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	M 1 1 1361
Unem played	mary land
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME ? Elizabeth Willie
unknown	Vakaaun
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
Tres, no or original yes, give wor or ones or services	Patient
18. CAUSE OF DEAT	
1 6 7 7 3 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY SELECTION OF THE PROPERTY OF THE	USE 50902 2 3° BUCMS 14 Jack
(This does not meon the mode of dying, e.g.,	A CONSEQUENCE OF:
heort foilure, osthenio, etc. It means the disease	
ANTECEDENT CAUSES	
(B)	C.A. CONSCOURNER OF
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	S A CONSEQUENCE OF:
UNDERLYING CONDITION lost.	
89/6.0 11	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Trach respiratory distress	No
U 21A. ACCIDENT WAS UNDERLYING 21B. MACE OF INJURY (e.g., or CONTRIBUTING CAUSE OF home, form, foctory, street, or	in or obout 21 C. WHERE DID (II In Boltimore City, give exoct location)
DEATH (notily medical examiner) - etc.) home	850 W Baltimore ST 10-01
Q 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) / 25/ 25 3 4 M Work At Work	ile The AS HE
(APPROX.) 1/25/68 3H/7 Work At Work	pr. clothes caught tive
22. I certify that (I) (this haspital) attended the deceased fram	2/6 19 68 to 2/6 1966.
that (I) (we) last saw the deceased alive an	19 Cand that In(my) (our) apinion death accurred an the date
and have and from the causes stated abave. (1) (WeXdid) (did nat)	view the bady after death.
23A. SIGNATURE	238. DATE SIGNED
B M. The 1 mn Att	tending Med. Staff Phys. 2/0//
23 C, PHYSICIAN'S	23D. ADDRESS
NAME (Type)	ANATOMY BOARD OF MARYLAND
DEGREE	CALLATORY (C.)
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C, NAME of CEMETERY OF CR	UNIVERSITY MEDICAL SCHOOL
	THEOTEAL SCHOOL
FEB 15 1968 (P. D. & E. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
LED TO 1200 CICTATO E VICTORIA	HOSPITAL DISPOSAL

852 W Bathon. 22/01 60 Male winte Mary kende - wire bill Varampleyed ER BREAK 17 Rotinit The second The delliment ST 40 me of clother couplet the a MAE 82 25111 B. amiling m. D.

FUNERAL DIRECTOR: IMPORTANT

1/ 201 00 1	BALTIMORE CITY	HEALTH DEPARTMENT		CS. 1000
H-536 68-1	823 CERTIFICA	TE OF DEATH	REG. NO.	68 1823
	CERTIFICA	IL OI DEATH		
1. NAME OF DECEASED (Type or Print) Lennie 1	Hen elriebsm	Feb	HOUR OF DEATH	09.04 M
3. PLACE IN BALTIMORE MARYLAND, WHERE PR	DNOUNCED DEAD	4. USUAL RESIDENCE (When	TY	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	Md 5000 R	surver 1	Adre Balt 21215
INSTITUTION	A1 M.	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
Cina Hasa d Bolt.	Balt 15, Md	E. STREET AND NUMBER		YES NO NO
Sinal Hosp of Bolt.	,	5000 De	nmore !	Aved 110
	RIED NEVER MARRIED DIVORCED DIVORCED		9. AGE (In years lost birthday)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIN				12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of serv	SECURITY NO.			
18.436.9	CAUSE OF DEATH	1	1000	APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY		43 46	. 0	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAU	SE C	<i>H</i>	1 1 clar
(This daes not meen the made of dying, heart failure, asthenia, etc. It means the disc	e.g., DUE TO, OR AS	CONSEQUENCE OF:	-A	7
injury ar camplication which caused death.)	,030,			SEAS NO.
ANTECEDENT CAUSES	403			
DISEASES OR CONDITIONS, if ony, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the obave cause (A) stating	1he			
UNDERLYING CONDITION last.	(c)			
2 331X II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMI				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES. WERE F	INDINGS CONSIDERED
WAS PERFORMED	OK WINGII O'LKANON		IN CERTIFYING CAL	ISES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)		(If in Boltimore	City, give exoct location)
21D.TIME (Month) (Doy) (Yeor) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	INV OCCUPA	
S OF INJURY	While At Not While		JRT OCCUR!	
(APPROX.)	Work L At Work			
22. I certify that (I) (this hospital) attend	-		7 3	No 4 19 6 8
that (1) (we) lost sow the deceased alive	on Feb 4	19 6 Y and the	ot in (my) (our) oplr	nion death occurred on the date
and hour and from the causes stated above	e. (I) (We) (did) (did not) v	iew the body ofter deoth.		
23A. SIGNATURE				23B, DATE SIGNED
Bon Comas	DEGREE Phys	Med. Director	Staff Phys.	Leh 4, 68
Born Comas 23C. PHYSICIAN'S NAME (Type) Born Vanor	m	Sinai (Hosp. of	Bolhmue
24A. BURIAL CREMATION, 248. DATE 24	C. NAME OF CEMETERY & ARE	GARAGE	OFFICIAL A R VE	y, Avy D county) (State)
REMOVAL (Specify)		Eb armit	- MATTER I	273110
25A. DATE REC'D BY HEALTH DEPT. 258, NA	ME OF REGISTRAR	LISCITY MCDI	CAL SCHO	ADDRESS
FEB 15 1968 Rep 8.		TOODTTAT	DISPOSAL	C. A.I.
راز بعد المال المالية	TI CLUMBER WITH	HUDILLAL	DIDI ODU	
1000 (100)	ALCONOMINATE OF THE PROPERTY O	HONTITAL	DINI OND	



VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

All products by and breaking John Medical No. Hospitaniol "mound a Home ...

hospital IMPORTANT DIRECTOR: FUNERAL

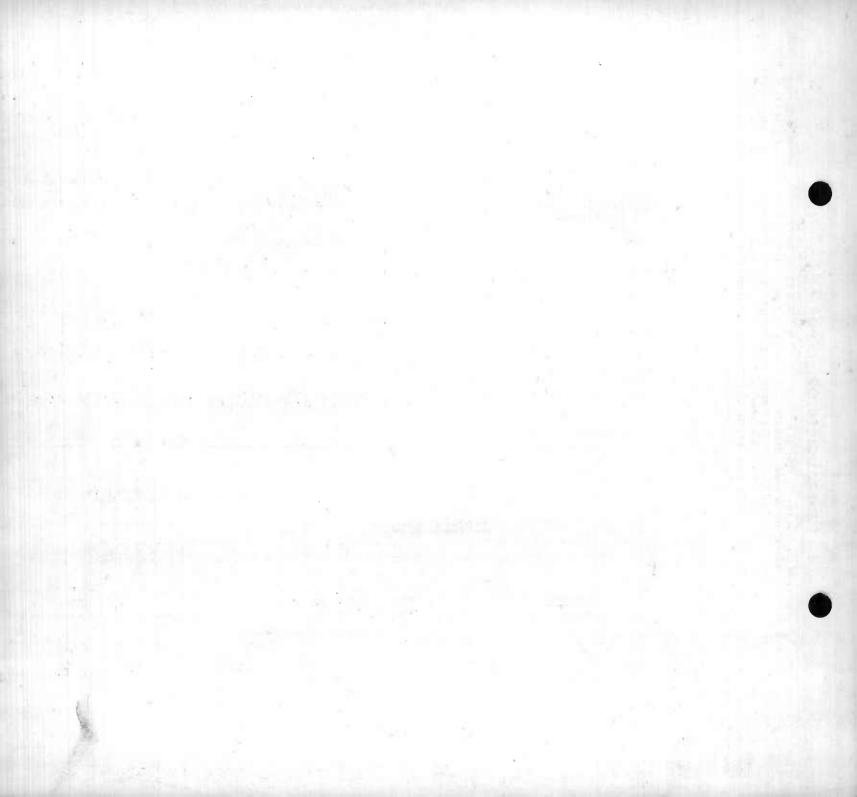
F1.2. Federacon of south . Thrankour former ments anca Premera

	10		BALTIMORE CITY	HEALTH DEPA	RTMENT		00	1000
BIRTH NO.	3 68-	- 182	6 CERTIFICA	TE OF D	EATH	REG. NO	08	1826
NAME OF DEC Type or Print)	VOHN	de	HOEFIELD	>		10 68	H	4:30 P
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESID	DENCE (Whe		institution: re	sidence before odmissio
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	L OR INSTITL TION)	TION, GIVE STREET	c. CITY OR TOW	E. K	BAlto. St	ISIDE CITY LIF	Maryland MIS?
Bol ton	Hill Nurs	ng +C	onv. Center	E. STREET AND	NUMBER DE.	Pop/4mi	re S	txeet
. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRT	rH	9. AGE (In years 8	O If Under	1 Yr. If Under 24 Hr Doys Hours Min.
male	Negro	WIDOWED		7-15.	-87	lost birthday	Months	Doy's Hours with.
	JPATION GIVE kind of work	OB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or fore	ign country)	12. CITIZ	EN OF WHAT COUNTE
	working life, even if retired			MAR	y/An	d		U.S.A
3. FATHER'S NA	ME			14. MOTHER'S	WAIDEN NA	ME		
	un les	ML		11	rekn	when		
	Ever in U. S. Armed Ford		1 6. SOCIAL	17. INFORMANT	701077	2	1.1-1	ADDRESS
les, no or unknown	(If yes, give wor or dote:	of Service)	SECURITY NO.	Sm. Id	1.19) ! /	, ,-)	en a w
18 //	100		CAUSE OF DEAT	muuu	KI	Menso	- 04	APPROXIMATE INTERVAL
4-51	17		CAUSE OF BEAT	10		,,	8	ETWEEN ONSET AND DEAT
DISEAS	SE OR CONDITION DIR LEADING TO DEATH	ECILY			FRE 31,	AL-HEN	200	NE
(This does n	at mean the mode of	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE	OF:		- 11/1/11/1	
	asthenia, etc. It means		00210, 011 A3	A GOTT SEGULTOR				
		000111.7						
	ANTECEDENT CAUSES		(B)					
	OR CONDITIONS, if a above couse (A)		DUE TO, OR AS	A CONSEQUENC	LE OF:			
	CONDITION last.	sterning the	(c)					
33/1	(11							
OTHER SIGNIE	CANT CONDITIONS COL							
DISEASE OR C	H BUT NOT RELATED TO THOUSENIN PART							
	OPERATION 198. CON	DITION FOR V	VHICH OPERATION	20 A. AUTOPS	SY? (Yes or No	IN CERTIFYING	E FINDINGS	CONSIDERED DEATH?
U 21 A. A CCIDEN	NT WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., i	n or obout 21 C. W	HERE DID	(If in Boltin	nore City, give	exoct location)
, OR CONTRIBL	TING CAUSE OF medical examiner	hom etc.)	e, form, foctory, street, of	fice bldg., INJUR	OCCUR?			
U				03.5	OW D15 !::	HIRV OCCUPA		
OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED le At Not While		ראו סום ואיז	IURY OCCUR?		
(APPROX)		Wor					11	
22, 1 certify	that (1) (this hospital	attended th	ne deceased from	4/12/6-	7	19to	2/10/68	19
	last sow the decease		2/10/68	19			nlnian deat	h occurred on the do
							Printin acat	Secored on the de
	fram the causes stat	ed abave. (I	(We) (did) (dld not) v	riew the body a	ifter deoth.		7-0-515	
23A. SIGNAT		10)\)	ending M		S 1-11 -	23 B. DAT	ESIGNED
	All.	Hunter	A MODEGREE Phy	s. D	led. Pirector	Shaff Phys.	12/	16/68
23 C. PHYSICIA	N'S //	-	/	23D. ADDRESS	,			R
	MOLLIS &	TEUN	ARINE	931	Con	TELDEK	ST,	atter her
4A. BURIAL CRE	MATION, 24B. DATE	24C. NA	ME of CEMETERY OF CR	EMATORY	24D. 1	OCATION	(City, town, o	r coupty) (State)
REMOVAL (Specily)	a h.	H. h. /	1		B. All.	7	mil
Huck	1-146	MI	carry (lef	11 215222	MOTHLY	m_	1141
ZA, DATE REC'D	and AA A	25B. NAME C	M NE E	2SC FUNERA	AL, DIRECTO			ADDRESS
FEB 18	1968 R. Cont	E, 40%	GOLF ACT	6021	uson	1660 Bre	filler	Balto Mex
/S 150-REV. 1/1/	6 B							

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DIRECTOR:

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T /3	25	BALTIMOR	E CITY HEALTH DEPARTMENT	68- 1830
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Type or Print)		Man 7 7 a a a	2. DATE AND HOUR OF DEATH	44.00 4
	RDMAN, Edward		10 FEBRUARY 1968	11:25 A A
S. PLACE IN BA	LIIMORE, MARTLAND, W	HERE PRONOUNCED DEAD	A. STATE B. COUNTY	ution: residence before admission
ULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREE	ET MARYLAND BALTIMORE CITY	
NSTITUTION TO		ISTRATION HOSPITAL	T C. CITT OR TOWN	CITY LIMITS?
			DALITIONE	s 🔼 NO 🗔
,	900 LOCH RAVE		E. STREET AND NUMBER	143-00
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MALE	6. RACE CAUCASION	7. MARRIED NEVER MARRIE WIDOWED DIVORCE	- La Carolina de la contraction de la contractio	f Under 1 Yr. If Under 24 Hrs.
			OUSTRY 11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY
GUARD	working life, even if retired)	(SOC SEC ADMIN) RETIRED	BALTIMORE, MARYLAND	U. S. A.
3. FATHER'S NA			14. MOTHER'S MAIDEN NAME	
THOMAS :	ERDMAN		GERTRUDE WALLACE	
5. Wos Deceose	d Ever in U. S. Armed For		17. INFORMANT HOSPITAL RECORDS	ADDRESS
YES		0-4-19 219-01-95		O, MD 21218
1B, 44 /	7-1-11 10 11	CAUSE OF		APPROXIMATE INTERVAL
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	N.R.El	- Baradi	Attending Med. Staff Phys.	2-168
23 C. PHYSICIA NAME (AN'S		23D. ADDRESS 3900 LOCH RAVEN BOUL	
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HO	OSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	21204 D.IN	VSIDE CITY LIMITS?
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	he Mian Please	1 / way	6501 N	Charles	CX.
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MEDICAL CRATIFIC	heort foilure, osthenio, etc. II meons the diseose, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198. CONDITION FOR WHICH WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJ. OF INJURY (APPROX.) 22. I certify that (Month) (Doy) (Year) (Hour) 21E. INJ. While A Work 23A. SIGNATURE DR. FELIS MARTIN A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify) 2-17-68 Unio	(B) DUE TO, OR AS (C) CE OF INJURY (e.g., ir of while At Work eccessed from e) (did) (did not) v DEGREE of CEMETERY or CRE	20A. AUTOPSY? (Yes or nor obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID I a condition on the bady ofter death of the bady	(If in Boltim NJURY OCCUR? 1968. to	pinion deoth occurred on 23B. DATE SIGNED 2 14 6 (City, town, or gounty)
MEDICAL CRATIFIC	heort foilure, osthenio, etc. II means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoling the UNDERLYING CONDITION lost. 6 7 1 1 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2	(B) DUE TO, OR AS (C) CE OF INJURY (e.g., ir of while At Work eccessed from e) (did) (did not) v DEGREE of CEMETERY or CRE	20A. AUTOPSY? (Yes or nor obout 21C. WHERE DID Riffice bidg., INJURY OCCUR? 21F. HOW DID I e	(If in Boltim NJURY OCCUR? 1968. to	ppinion deoth occurred on 23B. DATE SIGNED 2-146 (City, town, or county)

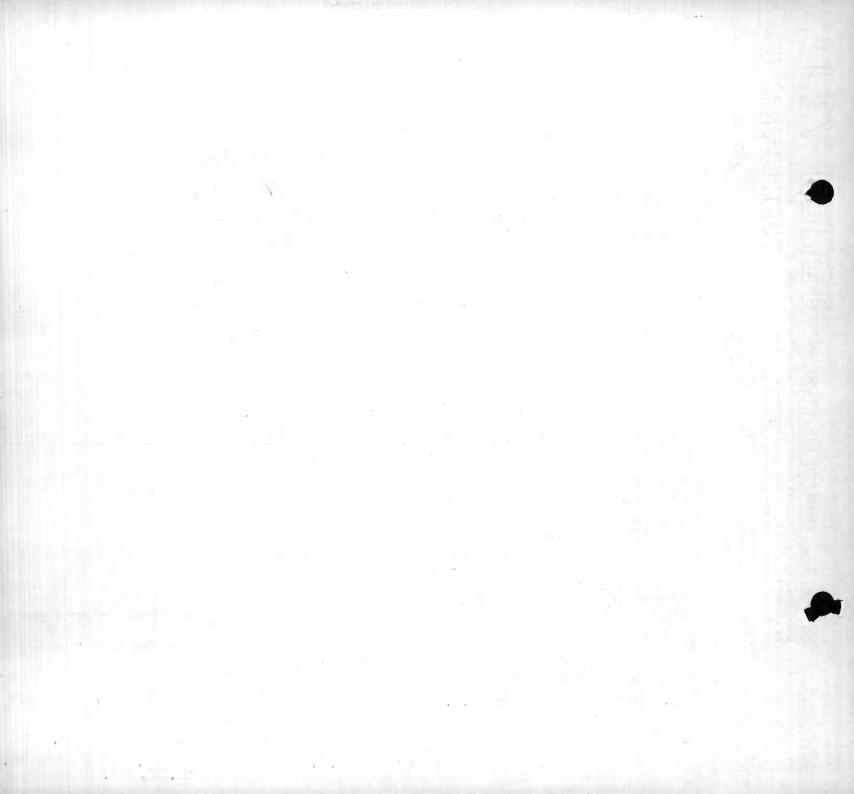
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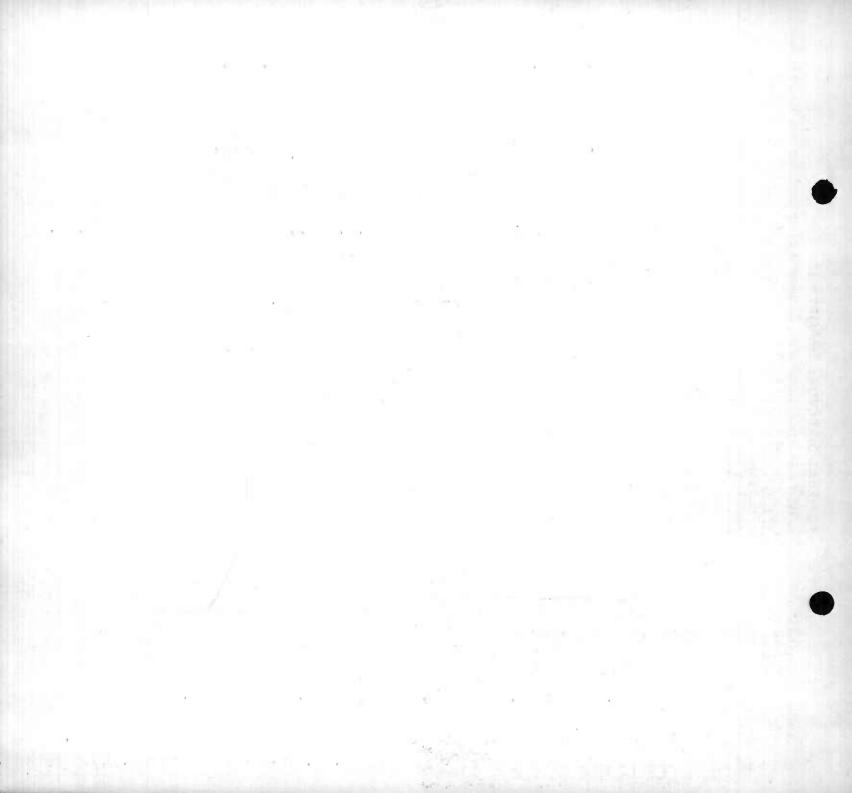
IMPORTANT

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission D. INSIDE CITY LIMITS? NO YES E UNIVERSITY If Under 1 Yr. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exoct location) ways and that in (my) (our) opinion death occurred an the date 23B, DATE SIGNED 40th Street, Baltimore (City, town, or county) (Stote) Md. ADDRESS 4905 York Rd. H.W. Jenkins & Sons Co. Balto 12 Md.

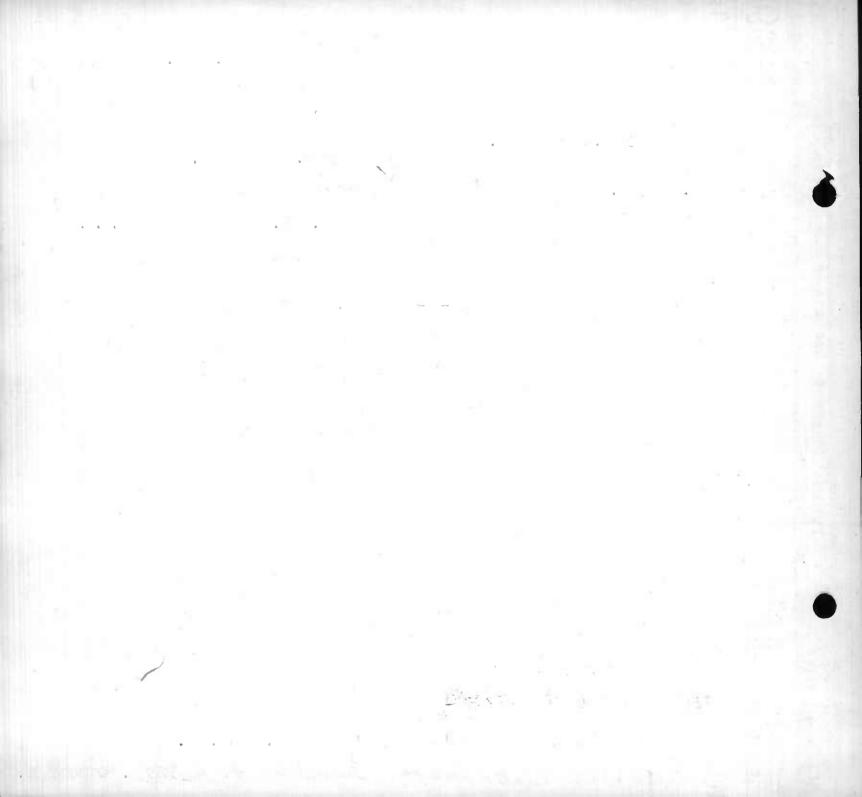




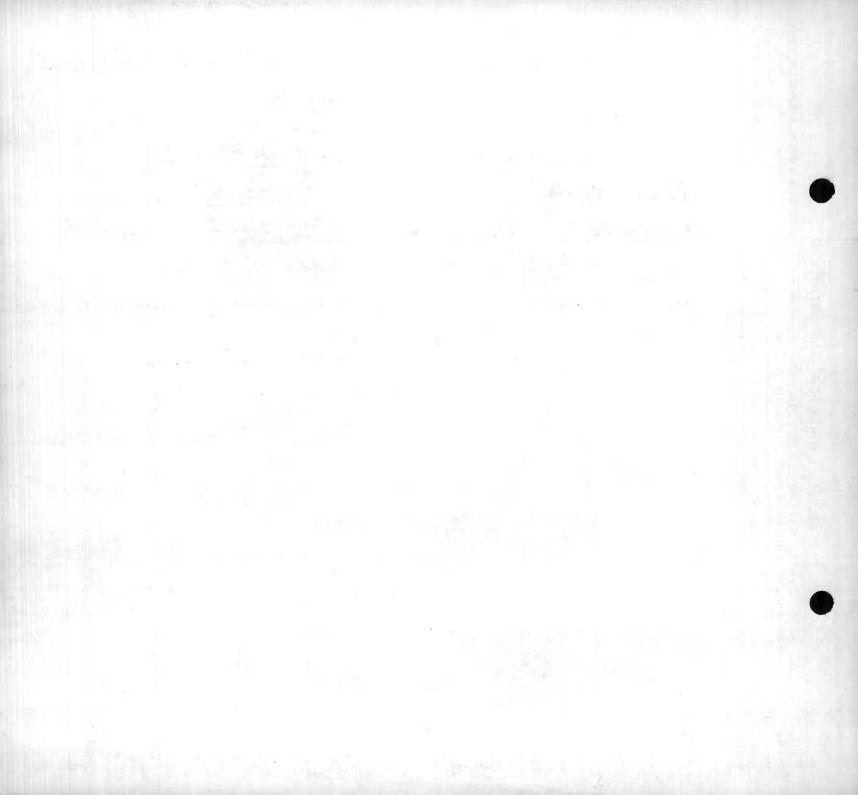
FUNERAL DIRECTOR: IMPORTANT

(Type or Print)	CATHERI	NE KECK			FEB. Lith.	1968 12 30 A		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 3017 E. MONUMENT ST.				A. STATE B. COUNTY MARY LANG C. CITY OF TOWN E. STREET AND NUMBER 3037 E. MONUMENT ST.				
5. SEX	6. RACE	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. 7/26/1881	AGE (In years os though	If Under 1 Yr. If Under 24 Months Doys Hours Mir		
ORETTRED	JPATION (Give kind of work working life, even if retired)	-		11. BIRTHPLACE (State or foreign	n country)	U.S.A.		
13. FATHER'S NA/	ANG KECK			14. MOTHER'S MAIDEN NAM ELIZABETH WEST				
	Ever in U. S. Armed Fore		6. SOCIAL SECURITY NO. 210-5445	17. INFORMANT MRS. ALBERT ROT	H 3hoi parks	ADDRESS SIDE DRAVE		
risa la the	ahava causa (A)							
UNDERLYING 4 20, OTHER SIGNIF	CANT CONDITIONS COL	NTRIBUTING HE TERMINAL	Gen J	arlerose	V.D. Cervis			
UN DERLYING OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF 21A. ACCIDEI OR CONTRIBL	G CONDITION lost. II IIICANT CONDITIONS COINT CONDITION GIVEN IN PROPERTION 198. CON WAS PERFORM WAS UNDERLYING CAUSE OF	NTRIBUTING HE TERMINAL T 1 (A). DITION FOR W FORMED 21B. 1 home	PLACE OF INJURY (e.g.,	20A. AUTOPSY? (Yes or No) n or obout 21C. WHERE DID fiftee bidgs., INJURY OCCUR?	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH? City, give exact location)		
UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR CO 1974. DATE OF OR CONTRIBL DEATH (notify) 21 D. TIME OF INJURY (APPROX.)	G CONDITION last. FICANT CONDITIONS COLOR BUT NOT RELATED TO THE CONDITION GIVEN IN PART OPERATION 179B. CON WAS PERFORM WAS PERFORM CONDITION CONTROL CONTRO	NTRIBUTING HE TERMINAL T I (A). DITON FOR W FORMED 218, 1 home etc.) (Hour) 21E. Whill Work	PLACE OF INJURY (e.g., in form, foctory, street, on injury occurred at Work	20A. AUTOPSY? (Yes or No) n or obout 21C. WHERE DID (ffice bidg., INJURY OCCUR?) 21F. HOW DID INJU	20B. IF YES, WERE FI IN CERTIFYING CAU (If in Boltimore			
UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR CO 19A. DATE OF OR CONTRIBL DEATH (notify 21 D. TIME OF INJURY (APPROX.) 22. 1 certify that (1) (16)	FIGURE 1 CONDITION last. II III III CANI CONDITIONS COLUMN CONDITION GIVEN IN PART OPERATION 198. CON WAS PERI OPERATION CAUSE OF MEDICAL EXAMPLES OF MEDICAL EXAMP	NTRIBUTING HE TERMINAL T 1 (A). DITION FOR W ORMED 21B. I home etc.) (Hour) 21E. Whill Work attended the	PLACE OF INJURY (e.g., in form, foctory, street, on the foctory, street, on the form, foctory, street, on the form, foctory, street, on the form, foctory, street, on the foctory, street, str	20A. AUTOPSY? (Yes or No) n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJU	20B. IF YES, WERE FI IN CERTIFYING CALL (If in Boltimore			

FFB 16 1968 Reb 2 Faler Fullich Omitte In 3019 E. MONUMENT ST



7-5112	BALTIMORE CITY	HEALTH DEPARTMENT		68- 1835
D-343 68-18	335 CERTIFICA	TE OF DEATH	REG. NO.	00 1000
I, NAME OF DECEASED			HOUR OF DEATH	
(Type or Print) - 1	(000	0'	20 AM +	=1 42 1015
3. PLACE IN BALTIMORE MARYLAND, WHERE PR	SOII.	4. USUAL RESIDENCE (Where	deceased lived If in	C b 13, 1966 M.
S. FLACE IN BALIMONG MARILAND, WHERE PRO	DNOUNCED DEAD	A. STATE B. COUNTY	deceases nvod. II in	strution, testaence before damssion
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MARY LAND.		11-01
this Charles on the state of th	ME Inc.	C. CITY OR TOWN		DE CITY LIMITS
Century pho	V ST	BALTIMOTE		YES A NO
100 100	had alani	E. STREET AND NUMBER	7	/
Ba1+0.14	10.21201	<u> </u>	TACA ST	<i>†</i>
5. SEX 6. RACE 7. MARK		B. DATE OF BIRTH	AGE (In years st birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
FEMALE WHITE WIDON	WED DIVORCED	10/3/84	03	
10A. USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
	omestic	MARYLA	u d	1154
13. FATHER'S NAME	0-103116	14. MOTHER'S MAIDEN NAME		4-0-11.
11 - 1 -	/ /	6		
15. Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	OUSAN H.	HEMPhi	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of servi	SECURITY NO.	IV. INFORMANT		ADDRESS
NO NONE	217-22-6419	MARGARET DOWN	91dson 4	ens Walked AUE
18.4129	CAUSE OF DEAT	1		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	Ca. 13	o- Respusat	2 mal	end services onser and bearing
LEADING TO DEATH	(A) IMMEDIATE CAL)	
(This does not mean the made of dying, heart foilure, asthenia, etc. It means the dise	e.g., DUFTO OR AS	A CONSEQUENCE OF:	+ Jail	-e
injury ar camplication which caused death.)	Corpe	, tut 1		
ANTECEDENT CAUSES	acrte	inclute	CURT	
DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:	/- \	
rise to the above cause (A) stating		o chromo In	3 (33	
UNDERLYING CONDITION last.	(c)/			<i></i>
z 422,/ 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG NAL			
DISEASE OR CONDITION GIVEN IN PART 1 (A).		20A. AUTOPSY? (Yes or No)	200 IE VEC WERE I	ENDINGE CONFIDENCE
19A. DATE OF OPERATION 19B. CONDITION FWAS PERFORMED	OR WHICH OPERATION	200. AUTOPST! (183 OF NO.	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	n or about 21 C. WHERE DID	Ut in Baltimar	City when avest lesstion
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, o	fice bldg., INJURY OCCUR?	(II III BOIIIIIOF	e City, give exoct location)
	etc.)			
OF INJURY (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJUI	RY OCCUR?	
(APPROX.)	While At Not While At Work			
22. I certify that (I) (this haspital) attend	ed the deceased from F	FB 21 10	67 to FE	B 13 1968
that (I) (we) last saw the deceased alive		_		
			in (my) (oury opti	nlon death occurred on the date
and haur and fram the causes stated abov	e. (1) (Wa) 2018) (did nat) v	lew the bady after death.		lean Dies slaves
23A. SIGNATURE	A	nding Med. S	hulf [7]	23B. DATE SIGNED
lulland Coff	ext GEBREE Phy		haff hys.	ELECTION OF THE PROPERTY OF TH
Z3C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		10
Willows Angl	EFEZI)	6615 Reister	STrum	1-9
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CR	MATORY 24D. LOC	CATION (Ci	ty, town, or county) (State)
REMOVAL (Specify)	/ 1 -	2 V 3		111
BURIAL 2-14-68	Noydon 1	ARK DA	LILMORG	5, Md
25A, DATE REC'D BY HEALTH DEPT. 25B, NA.	AL OF REGISTRAR	GE 1-L SChwa	5 HUNGRA	1 Jo of BRESS
ורם זי ופחס חורים ביי		Francis W. M	eller 2101	Auderest are.



7000				
MEDICAL	FXAMINER'S	CERTIFICATE	OF	DEATH
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			0.	P R

68 1836 BALTIMORE CITY HE	N/V
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. No. 68- 1836
BIRTH NO.	KFO. (10.
1. NAME OF DECEASED (Type or Print)	2. DATE Known A Month Doy Yeor Hour
FRANCIS J. SODUS	DEATH Estimoted February 13, 1968 7:40 A.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour PRONOUNCED DEAD
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	February 13, 1968 7:40 Am
OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
Union Memorial Hospital	New York B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male white widowed □ DIVORCED □	Buffalo YES NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	
Dec. 10,1944 lost birthdoy) Months, Doys, Hours, Min.	100 Marilla Obmant
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	408 Manilla Street
New York WHST COUNTRY?	Frank C Sodus
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	
done during most of working life, even if retired) U. S. Army	Edith Winkler
14 WAS DECEASED EVED IN HIS ADMED EODCESS 117 SOCIAL	18. INFORMANT ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of service) Yes	
	U.S. Army Records
19. E 8/2, O CAUSE OF DEA	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Puruler	nt Meningitis Complicating Cerebral
LEADING TO DEATH (A) IMMEDIATE (This does not mean the mode of dying, e.g., DUE-TO, OR.	CAUSE
heort foilure, osthenio, etc. It means the disease, Injury or complication which coused death.)	KKKKNKKOKKK Injury
injury of complication which coused death.)	18.5
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST	***************************************
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
02	Yes
Z2A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g.,	in or obout 22C. WHERE DID (If in Boltimore City, give exact location) 9-0 = bldg., etc.) INJURY OCCUR?
UNDERLYING OR CONTRIB-	33rd St. E. of Loch Raven Blvd.
22D TIME (Month) (Day) (Year) (Hour) 22E INITIDY OCCUPPED	22F HOW DID IN HIPY OCCUP?
OF INJURY (APPROX.) 1/26/68 11:15 P.m. WHILE AT ONLY OF INJURY	work subj. fell asleep at wheel
23.	
I certify that I held an Inquiry Inspection Au	atopsy 🗓 and that on this basis, death in my opinion
resulted from: Notural causes Accident X Suici	de Hamicide Undetermined monner
	CHIEF MEDICAL EXAMINER
ACTUAL MULANG &	ASSISTANT MEDICAL EXAMINER \$\ \Bar{X}
SIGNATURE M.I.	ASSOCIATE MEDICAL EXAMINER 2/13/68
EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER 27 207 00
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial Feb.14 '68	Buffalo New York
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	
ZOA. DATE REC D DT HEALTH DEFT. ZOB, INAME OF REGISTRAR	Howard County Funeral ADDRESS Md
MED A DISON OF COME & STANDARD	Home Harry Witzke Ellicott Gity
VS 151-REV. 1/1/6B	

2/16/67-Fell askey at wheel collided with car in front of bem anformation from yel Cyam. office -ge.

P-400

68- 1837 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CER	TIFICATE OF	DEATH
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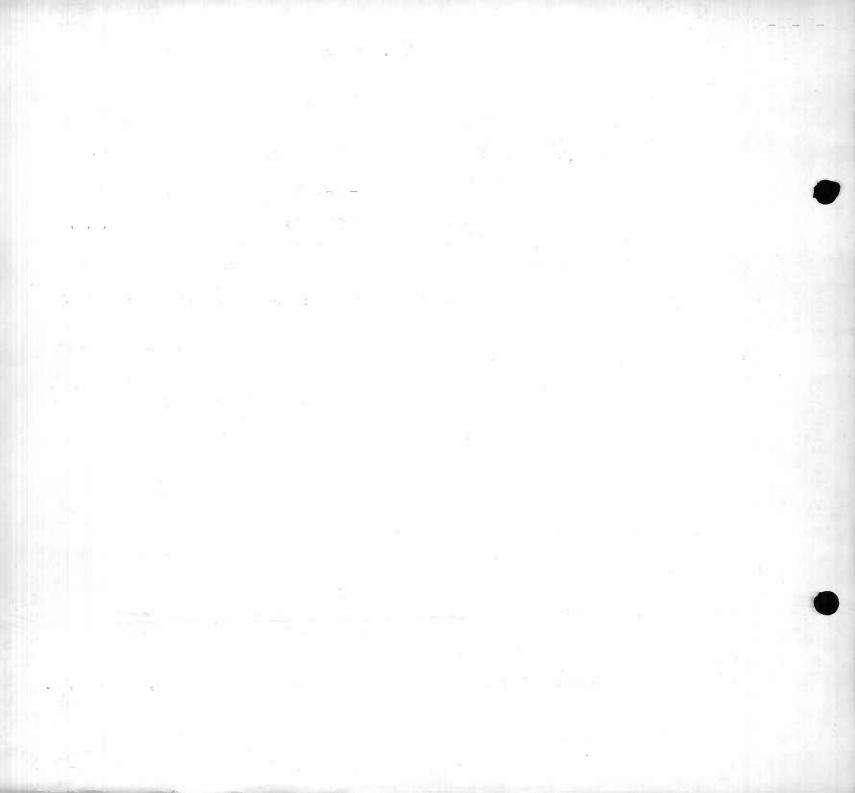
68- 1837 BALTIMORE CITY HE	ALTH DEPARTMENT
MEDICAL EVAMINED'S	CERTIFICATE OF DEATH 68- 1837
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.
1. NAME OF DECEASED	2. DATE Known X Month Doy Year Hour
(Type or Print) RICHARD PAUL	OF Settlested T February 10 1968
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOLINGED DEAD
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	February 10, 1968 11:15 P.M. [5. USUAL RESIDENCE (Where deceosed lived. If Institution; residence before admission)
19	A. STATE B. COUNTY
St. Agnes Hospital , (DOA)	Maryland
6. SEX 7. RACE B. MARRIED NEVER MARRIED	
Male White WIDOWED DIVORCED	Laurel YES NO X
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER
Rec 3,1949 18	1506 Washington Boulevard
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Riverdale Mol WHAT COUNTRY?	Russell Leo Paul
14A.USUAL OCCUPATION (Give kind of work) 4B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME
studest	Esther Elisabeth Hall
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Marthanes Com a chare
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	CAUSE Multiple traumatic injuries
	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
0	Yes
ZZA. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g.,	in or obout 22C. WHERE DID (If in Boltimore City, give exoct location)
UNDERLYING OF CONTRIB-	south of Mission Road
22D TIME (Manth) (Day) (Year) (Heur) 225 INTITION OCCURRED	22F HOW DID INITIPY OCCUPY
OF INJURY (APPROX.) 2-10-68 10:35 P.m. WHILE AT AT WORK	WHILE X Driver in auto-truck collision
23.	
I certify that I held an Inquiry I Inspection A	and that an this basis, death in my apinlan
resulted fram: Natural causes Accident X Suici	de Hamicide Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL MAN JORGAN	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER February 11 1968
NAME (Type)	ASSOCIATE MEDICAL EXAMINER February 11, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	ar CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 2-14-68 Al Marys	Cemeley caurel Md
25Å, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. PUNERAL DIRECTOR ADDRESS
VS 151-REV. 1/1/6B	Will Warshoon, Paurel Md.

Participation of the second

The Notice of Street St

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VS 150-REV. 1/1/6B



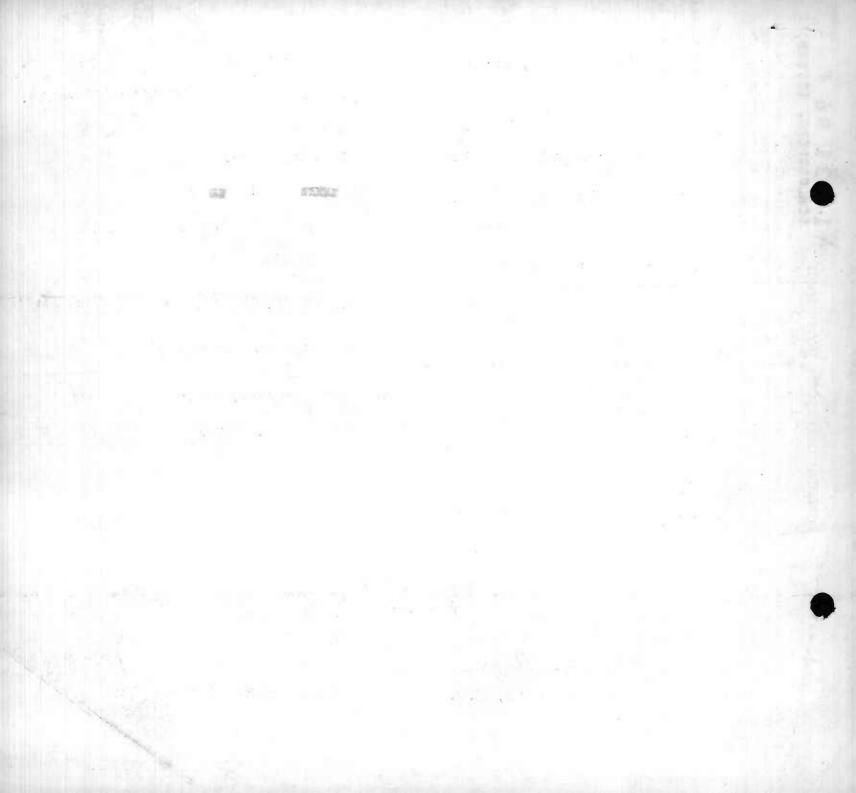
68- 1839 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.		MILL	ICAL	LAAMIINEKS	CERTIFICAT	L OI DEAT	REG. NO	
NAME OF DEC	EASED					wn Month	Doy	Yeor Hour
(Type or Print)	71110000	MEL		ILLS	DEAIII	moted X		М.
				NOUNCED DEAD	3. DATE PRONOUNCED	Month	Doy	Yeor Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO ADDRE	TIN HOSPIT	AL OR INSTIT	UTION, GIVE STREET		Februa	ry 10, 19	968 2:00 P. _{M.}
00) N. Bo			A. STATE Mar	yland	B. COUNTY	9.07
6. SEX	7. RACE		B. MARRIE	D NEVER MARRIED	C. CITY OR TOWN		D. INSIDE CITY	LIMMS?
Male	Neg	gro	WIDOWE	D DIVORCED	Bal	timore	YES	NO [
9. DATE OF BIRTI 10-18-19		10. AGE (I lost birthdo	(v)	If Under 1 Yr. If Under 24 Hrs. Annths: Doys , Hours , Min.	E. STREET AND N	UMBER O N. Bond S	treet	
II. BIRTHPLACE (S	tote or foreig	n country)	1:	2. CITIZEN OF	13. FATHER'S NAM			
North Ca	arolina			WHAT COUNTRY?	Early Mi	11s		
			14B. KIND (U.S.A. DE BUSINESS OR INDUSTR				
done during most of w	orking life, ev	en ifretired)						
Labores		II S ADMEI	Mecha	IT. SOCIAL	1B. INFORMANT	Montique	ADD	DRESS
(Yes, no or unknown)	(If yes, give	vor or dotes	of service)	SECURITY NO.		nie Smith 9		hington St.
19.41 5	9			CAUSE OF DEA	TH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	E OR COND		CTLY	Arte	rioscleroti	c cardiovas	cular	BETWEEN ONSE! AND BEATIN
	LEADING TO of mean the		ing a c	(A)IMMEDIATE	CAUSE	disease		
heort foilure	, osthenio, etc aplication whi	. It meons the	e diseose,	DUE 10, OR	AS A CONSEQUENCE	OF:		
An	NTECEDENT	CALISES		(n)				
DISEASES	OR CONDITI	ONS, IF AN	Y, GIVING	DUE TO, OR	AS A CONSEQUENCE	OF:		
UNDERLYIN	ABOVE CA	USE (A) STA ION LAST.	TING THE					
Z				(C)				
O THE DEA	IFICANT CON ATH BUT NOT CONDITION	RELATED TO	THE TERMIN					
20A. DATE OF				OR WHICH OPERATION W	AS PERFORMED		T ₂	21. AUTOPSY? (Yes or No)
5								
₹ 22A. EXTER	NAL CAUSE	W/AS	122	B. PLACE OF INJURY (e.g.,	in as about 22C W/L	REDE DID (III in Baltima	an City about annual	Yes
UNDERLYING UTING CA	OR CON	TRIB-	h	ome, farm, factory, street, offic	e bldg., etc.) INJURY	OCCUR?	THE CITY, BIVE EXOCT	roconony
OF INJURY	(Month) (E	Ooy) (Yeo	r) (Hour)	22E.INJURY OCCURRED	22F. HO	W DID INJURY OCC	UR?	
(APPROX.)			n		WHILE VORK			
23.	ify that I h	eld on I	nquiry [Inspection Au	topsy 🗓 ond	that on this basis,	deoth in my o	pinion
result	ed from: N	oturol cou	ses 🗓	Accident Suicio	de Homicide	Undetermi	ined monner	
	01			1.	CHIEF /	MEDICAL EXAMINER		
ACTUAL SIGNATU		ian!	27,	July M.E	ASSISTANT	MEDICAL EXAMINER	X	DATE SIGNED
EXAMINI NAME (T		narles	S. Sp	ringate, M.D.	ASSOCIATE	MEDICAL EXAMINER	☐ Febru	lary 11, 1968
24A. BURIAL CREA	MATION, 2	4B. DATE		24C. NAME of CEMETERY	or CREMATORY	24D. LOCATION	(City, town,	or county) (State)
REMOVAL (Specif Burial	γ)	2-16-6	8	Mt. Auburn Cer	netery	Baltimo	re, Maryl	and
25A. DATE REC'D	BY HEALTH			ME OF REGISTRAR				Avenue 21213
		200	0 0	Q Francisco		11 W. Jones		
EEL	3 7 8 40	168 (1)	17 60	THE ANY TANKS AND ANY				

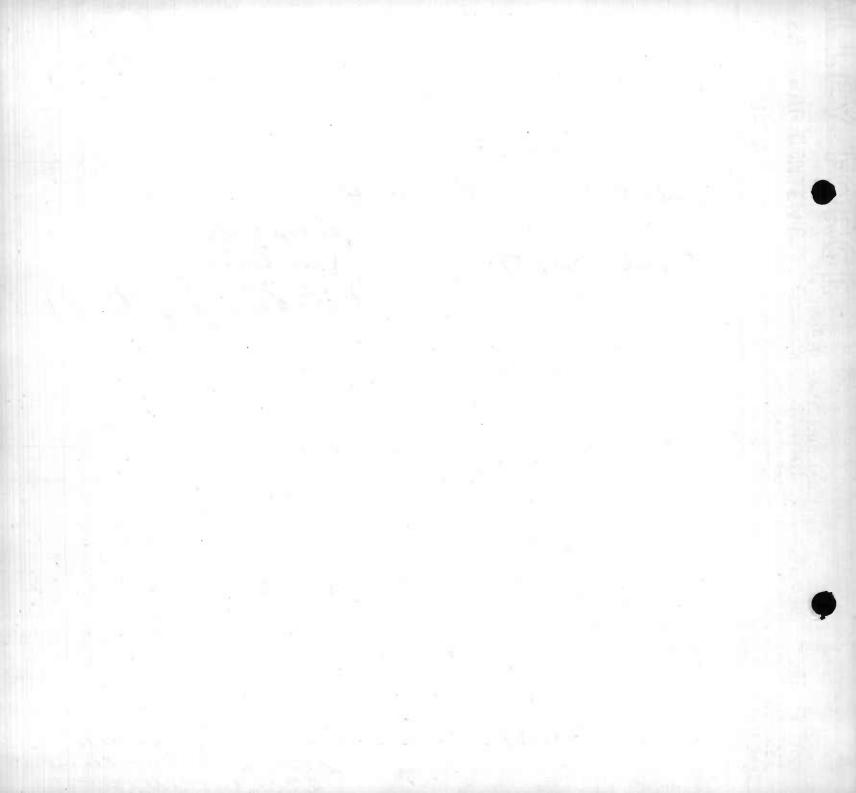
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VS 150-REV. 1/1/6B



DEDOE	CERTIFICATE OF DEATH
death death ease n the Such	1, NAME OF DECEASED /2 2. DATE AND HOUR OF DEATH
of death of death Deceased e on the	(Type or Print) Earline 7. Sulmon 8 PM 2/3 68 M.
hospital se of c (5) Dece ance or death.	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where decended lived, if institution: residence before odm ssion) A. STATE B. COUNTY
hosi ise (5) and	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET) any any lond
	HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS TO THE PROPERTY OF TH
E 2 + L	1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/
0.=	1919 a del 16147, Fotoustora,
ribut ined ular ed p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
occurre contribut termined regular ceased p	make Cal WIDOWED NO DIVORCED 4/506 lost birthdoy Months Doys Hours Min.
con con refer re	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11/ BIRTHPLACE (State or foreign Country)
i de i de	done during most of working life, even if retired)
de d	13. FATHER'S NAME
if d rect (4) U was the spos	Tronk Katt Hickory
Z	15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
RTA ssista the the kinc dea nce final	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. July 1
ass if t iny ed dan or fi	18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMPORTAN In his assistan Also, if the d t of any kind; ounced death intendance or	DISEASE OR CONDITION DIRECTLY
Als Als	(This does not mean the made of dying, e.g.,
1 5 5 -	heart failure, asthenia, etc. It means the disease,
orine act	injury or camplication which caused death.) ANTECEDENT CAUSES August 100
am mimi ho ho e e e	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:
SE ex	lise id the abuve couse (A) sidning the
DIRECTOR: cal examiner. s; (3) A fractuation who precian who precian in regular.	UNDERLYING CONDITION last, (C)
Je Sir ra Sir WE	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
f me med y bu phy ian	TO THE DEATH BUT NOT RELATED TO THE TERMINAL STATE
Treeder m	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Book the book of t	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
- 4-07-4	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF Cotory, street, office bldg., NJURY OCCUR? etc.)
0 0	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR?
ved by haspit nature ept w d (6) N	♥ OF INJURY While At □ Not While □
> = 0 0 0	WORK AT WORK
the the any obt	22. I certify tha (I) this haspital) attended the declased from 1 () 1960 to 1960 to
of of of be	that (1) (we) lost sow the deceased alive on 12 19 and that in (my) (our) opinion death occurred on the date
be not prit prit prit prit prit prit prit pri	ond hour and from the causes stated above. (1) (We) (did) (did nat) view the body after death. 23A. SIGNATURE
S D O D E	Attending Med. Shoff 2//
relegacci a h val	23C. PHYSICIAN'S NAME (Type) A A A A A A B C C C C C C C C C C C C
icate was r An a A. at c prior	NAME (Type) W CARNER 1005 W LNFOYETTE MUST
* ^ -	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, fown, or county) (Style)
	REMOVAL (Specify) 2 1968 Backer of Millian Rolling made
This certhe bod shows: (was D.C decease	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
This the k show was dece	alitheat on Cumron
	VS 150-REV. 1/1/6B 2302 W half the

BALTIMORE CITY HEALTH DEPARTMENT



68 1	842 BALTIMORE CITY	HEALTH DEPARTMENT	REG. NO.	11268- 1842	
BIRTH NO.	.842 CERTIFICA	TE OF DEATH	REG. NO	11200 102,6	
1. NAME OF DECEASED IType or Print) HOGAN, WILLIAM	NAME OF DECEASED WITTITAM		AND HOUR OF DEAT	н 3 4	
				N	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		A. WALL RESIDENCE (Where deceased lived, if institution: residence before admission) A. WALLYLAND B. COUNTY			
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET BOLITEN ORIGINATION GENTLER, INC.					
		C. CITY OF TOWN. D. INSIDE CITY LIMITS? YES NO			
		E. STREET AND NUMBER INGTON STREET			
	11	220 MW WASH	ALNGTON STRE	ET	
S. SEX 6. RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.	
M N wido	WED DIVORCED	10-15-03	64	741011113	
OA. USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY	
Custodian School		MARYLAND		U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
HOGAN, LEVY		JONES, IDA			
S. Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT		ADDRESS	
Vo	es, no or unknown) life yes, give wor or dotes of service) 2154003 4689		ADMISSON RECORD		
18. /5 5 , 0	CAUSE OF DEAT	H		APPROXIMATE INTERVAL	
DISEASE OR CONDITION DIRECTLY					
LEADING TO DEATH	(A)IMMEDIATE CAL	JSE HERATOMA	WITH ME	TASTASIS	
(This daes not meon the mode of dying, heart lailure, asthenia, etc. It meons the disc	e.g., DUE TO, OR AS	A CONSEQUENCE OF:			
injury or complication which caused death.)					
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, il any, gi	iving DUE TO, OR AS	A CONSEQUENCE OF:			
rise to the obove cause (A) stating UNDERLYING CONDITION last.	the (C)				
15-5.0 11	(-/		-	***************************************	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING				
TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL				
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? IYes or	No) 20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?	
m /	210 BLACE OF INITION !	No	(If 1- D-14-		
OR CONTRIBUTING CAUSE OF DEATH Inolify medical examiner	218 PLACE OF INJURY le.g., home, form, foctory, street, o etc.)			nore City, give exact location)	
21D.TIME IMonth) (Doy) IYeor) (Hour)	21E. INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?		
(APPROX.)	While At Not While Work At Work				
22 I asset (u shoe (l) (shis has pital) attend			10 2	10/18	
22. I certify that (I) (this haspital) attended that (I) (we) lost sow the deceased alive	2/14/68				
				pinion deoth occurred on the do	
ond hour and from the couses stated obov	ve. (1) (WE) (did) (did nat)	view the body after deot	h.	23 B. DATE SIGNED	
23A. SIGNATURE	AH.	ending Med.	Staff	2/10/KR	
Jan la	OEGREE Phy	s. Director L	Phys.	7/5/65	
23C. PHYSICIAN'S NAME IType)	IN ALINE	23 D. ADDRESS 430 COA	TELOCIC	Si Bari	
24A. BURIAL CREMATION, 24B. DATE	OEGREE IC. NAME of CEMETERY OF CR			City, town, or country (Stote)	
RULLIAL 2/19/68	mit Cals an	of Cem 1	1. a Con	into mo	
	ME OF REGISTRAR	SC. FUNERAL DIRECT	OR) ()	ADDRESS	
FEB 16 1968 R. O. b	E. Faskupa	Joseph G. K	och N/3	304n. Central a	
VS 150-REV. 1/1/6B		7 /			

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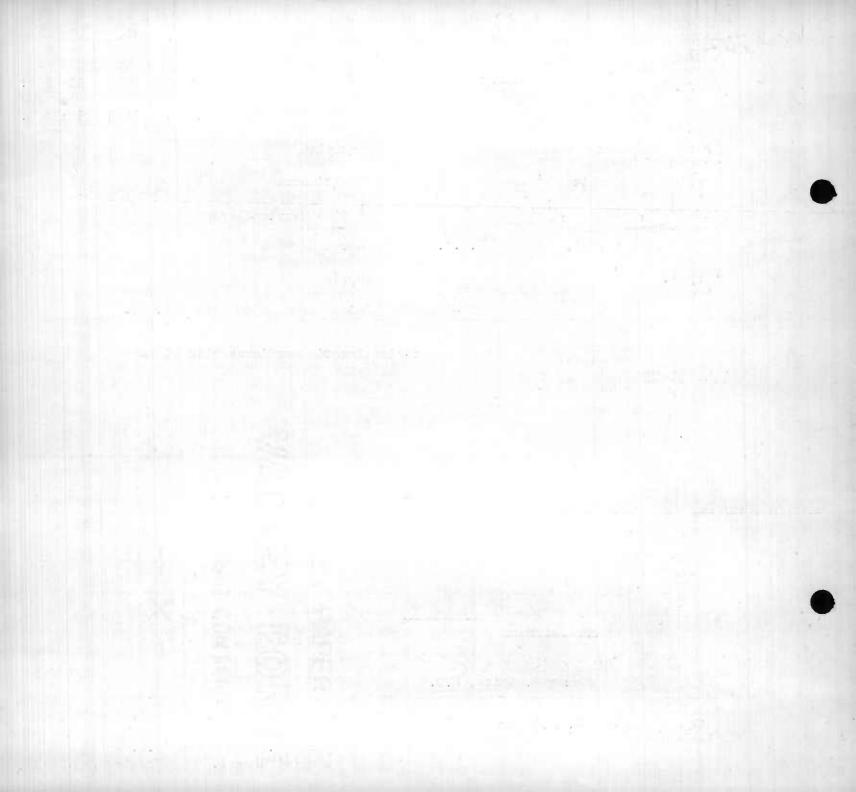
3/4/18 14/4/41 4/4/18

Ass law To Lace

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68- 1843 BALTIMORE CITY HEALTH DEPARTMENT

	S CERTIFICATE OF DEATH REG. NO. 68- 1843
BIRTH NO.	REG. NO.
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Doy Yeor Hour
JAMES MARTIN MERWITZ	DEATH Estimated LA February 13, 1908 12 05 M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	February 13, 1968 12:05 R. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
2405 Maryland Avenue	A. STATE Maryland B. COUNTY 12-06
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male white widowed Divorced	
9. DATE OF BIRTH 110. AGE (In years. I if Under 1 Yr. If Under 24	Hrs. E. STREET AND NUMBER
July 12, 1904 last birthday) 63 Months Days Hours	2405 Maryland Avenue
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
San Francisco, Cal. WHAT COUNTRY?	Jacob Merwitz
14A. USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDU	ISTRY IS. MOTHER'S MAIDEN NAME
Supt.	Sophia
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dates af service) SECURITY NO. 128-10-522	1 Andrew Braun 6500 Park Hts. Ave.
19. 4-1-2 9 CAUSE OF	DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Arte	riosclerotic Cardiovascular Disease
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	, OR AS A CONSEQUENCE OF:
injury or camplication which caused death.)	
ANITE CEDENIT CALLETS	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO,	, OR AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST. (C)	
F 4 22,1 II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION	N WAS PERFORMED 21. AUTOPSY? (Yes or No)
	No
UNDERLYING OR CONTRIB- hame, farm, factory, street,	(e.g., in ar about 22C. WHERE DID (If in 8oltimore City, give exact location), office bidg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH. 22D. TIME (Manth) (Doy) (Yeor) (Haur) 22E.NJURY OCCUR!	RED 22F. HOW DID INJURY OCCUR?
OF INJURY WHILE AT	NOT WHILE
23. m. WORK	AT WORK
	Autapsy and that on this basis, death in my apinion
resulted from: Natural causes X Accident Sc	uicide Hamicide Undetermined manner
Lacous las	CHIEF MEDICAL EXAMINER DATE SIGNED
ACTUAL SIGNATURE MUSAL N. 700	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER 2/13/68
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMET	
REMOVAL (Specify) 2/16/1966 Anatomy B	oard Green & Redwood, Streets
	ADDRESS
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	2SC FUNERAL DIRECTOR Sylvan S. Lewis & Son P.O. Box 65
TER 14 1000 A 4 0 7 0	Memorial Chapel. Garrison, Md. 21055
VS 1S1-REV. 1/1/88	



25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/6B

25B. NAME OF REGISTRAR

Such

	68-		HEALTH DEPARTMENT	200 110	00 1011
BIRTH NO.		CERTIFICA	TE OF DEATH	REG. NO	68 1844
I, NAME OF DECEASED)	2. DATE	AND HOUR OF DEATH	-500
(Type or Print) ROS	P N	ORMAN	Fe	6 14 1	1968 8 1/2
3. PLACE IN BALTIMORE,	MARYLAND, WHERE P	RONOUNCED DEAD	A. STATE B. COL	here deceased lived. If i JNTY	institution: residence before admission
	NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	Maryland Ba	altimore	10-00
HOSPITAL OR AD	DRESS OR LOCATION)		c. CITY OR TOWN Baltimore	D. INS	SIDE CITY LIMITS
42			E. STREET AND NUMBER		YES NO NO
SINAI HO	spital o	f BAH. INC	3501 St. Paul		
5. SEX 6. RACE	7- MAI	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.
		OWED DIVORCED	April 5/1892	76	
10A, USUAL OCCUPATION done during most of working life		ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTR
Housewife		ome	Baltimore, Mo	d.	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
Jerold Schwar	tzman		Etta Baylan		
15. Was Deceased Ever in (Yes, no or unknown) (If yes,	J. S. Armed Forces?	rvice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No No	g		Mrs.Fred Oken	3657 Glenov	le.Ave 15
18. 4 4		CAUSE OF DEAT		7-7	APPROXIMATE INTERVAL
	IDITIONS, if any, couse (A) sloting	giving	A CONSEQUENCE OF:		
2 2 / /	III	(C)			
	ONDITIONS CONTRIBUTIONS OF RELATED TO THE TERM	TING ALL CO	Reban VASO	ular Acu	iden zum
I V DISEASE OR CONDITIO	N GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or		FINDINGS CONSIDERED
E PA. DATE OF OPERAT	WAS PERFORME	D D	111	IN CERTIFYING C	AUSES OF DEATH?
OR CONTRIBUTING DEATH (notify medical	UNDERLYING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o etc.)	ffice bldg., INJURY OCCUR?	(If in Boltime	ore City, give exoct location)
21 D. TIME (Month) OF INJURY (APPROX.)	(Doy) (Year) (Hou	While At At Work		NJURY OCCUR?	
22. I cartify that (thi	ofthis haspital) atter	nded the deceased from	Lua 31	1968 to	1-11-14 1968
	w the deceased oliv	/ 1.1 /s			pinion death occurred on the do
		ove. (1)-(HE) (did) (didaet)			
23A. SIGNATURE	1)	n. ()	•		23 B. DATE SIGNED
60 2/	TALAK	DEGREE Phy	ending Med. Director	Shaff Phys	El-14 19108
23C. PHYSICIAN'S	E. W.MAZAR,	M.D.	23D. ADDRESS		11/140
	MAKAMXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXVXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X\$GOMXXB4XX	BBMZ24xxx	
24A. BURIAL CREMATION		24C. NAME of CEMETERY OF CR	EMATORY 24D	. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify) Burial	Feb. 16/68	Hebrew Friendsh	ip 3	600 E.Baltim	nore, St Balto.Md.

FUNERAL DIRECTOR

Memorial

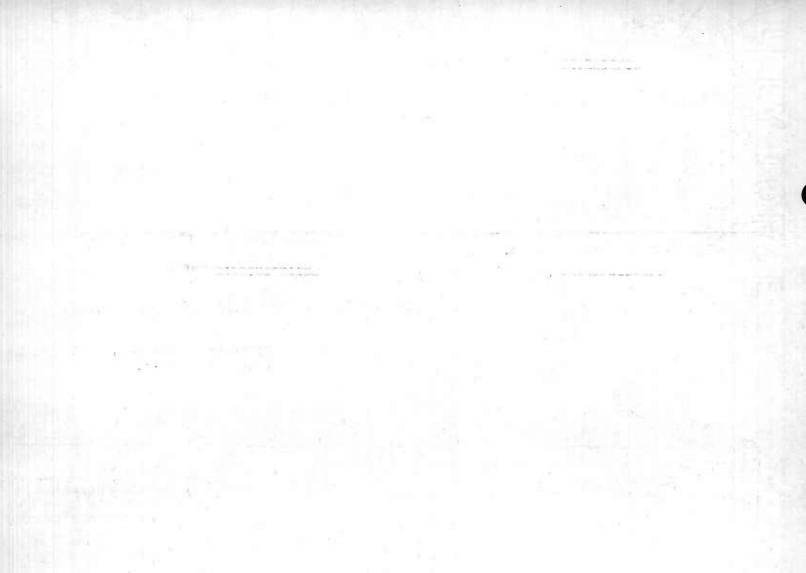
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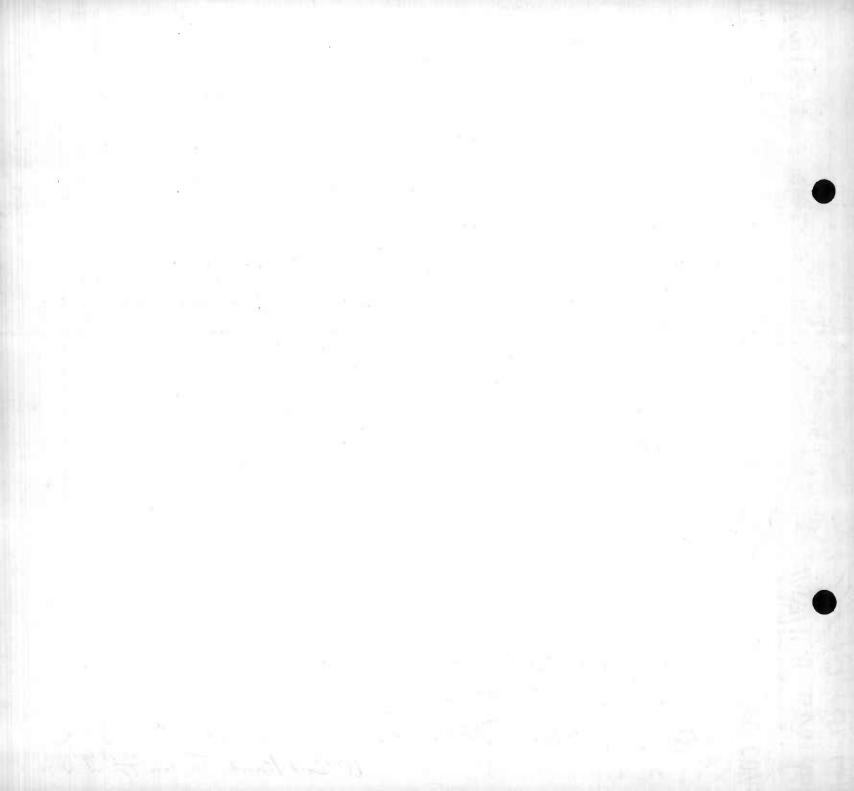
P.O. Box 65 ADDRESS

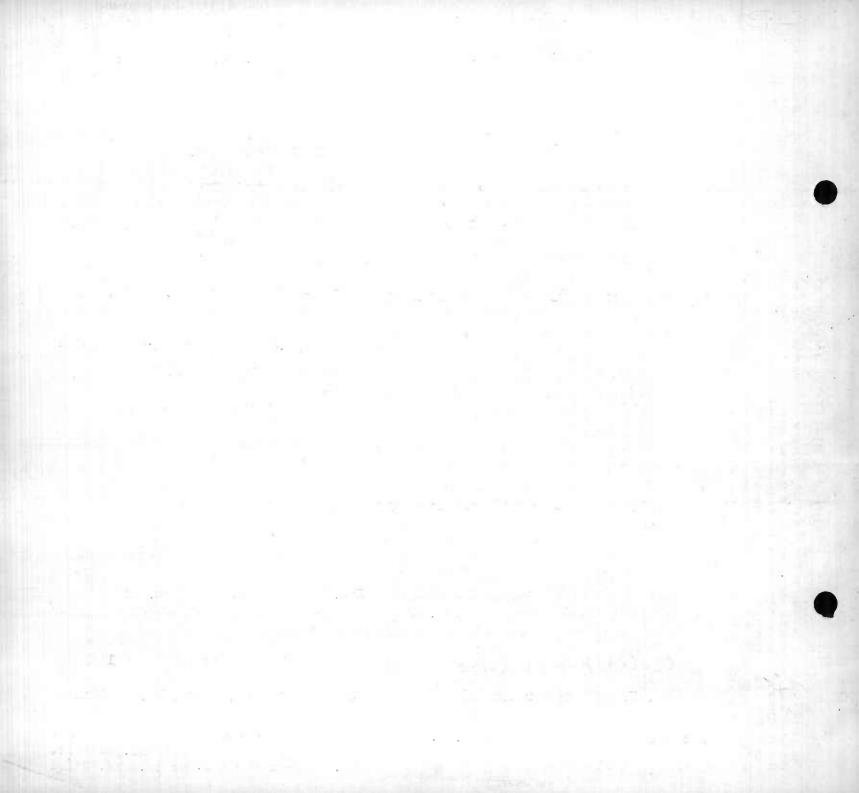
Garrison Md

(21055

BALTIMORE CITY HEALTH DEPARTMENT







R-543 68- 1848 BALTIMORE CITY HE		68- 1848
	CERTIFICATE OF DEATH REG. NO.	00 1010
BIRTH NO.		v 1.
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Doy	Yeor Hour
SAMUEL W. REYNOLDS 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted 2 14	68 7:00 a M
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	3. DATE Month Doy PRONOUNCED DEAD	Yeor Hour
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	February 14	
A A	5. USUAL RESIDENCE (Where deceosed lived. If institution: A. STATE B. COUNTY	residence before admission)
1362 Stockton St.	Maryland	150
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT	Y LIMITS?
Male Colored WIDOWED DIVORCED	Darco	s No 🗆
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.		
6-1-1911 54:56	1362 Stockton St.	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
CALVERT CO.M.) WHATCOUNTRY?	JAMES KEYNOLDS	
14A. USUAL OCCUPATION (Give kirid of work) 14B. KIND OF BUSINESS OR INDUSTR	15 MOTHER'S MAIDEN NAME	
TONTEN- HOSPITAL	105.6	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT AD	DRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	anna I Roynolds 701 Ra	UNUR Ang
CAUSE OF DEA		APPROXIMATE INTERVAL
7/2,01		BETWEEN ONSET AND DEAT
LEADING TO DEATH	nsive Arterioslcerotic Cardiov	asquiar
(This does not mean the mode of dying, e.g., (A) IMMEDIALE	CAUSE Disease AS A CONSEQUENCE OF:	
heort foilure, osthenio, etc. It meons the disease, injury or complication which coused death.)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF.	
UNDERLYING CONDITION LAST. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
		No
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB. 22B. PLACE OF INJURY (e.g., home, form, foctory, street, offi	, in or obout 22C. WHERE DID (If in Boltimore City, give exoc ce bldg., etc.) INJURY OCCUR?	t locotion)
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.		
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.RNJURY OCCURRED OF INJURY	22F. HOW DID INJURY OCCUR?	
(APPPOY)	T WHILE WORK	
23.		
I certify that I held an Inquiry Inspection A	utapsy 🗌 and that on this basis, death In my o	apinlon
resulted fram: Natural causes X Abcident Suici	de Hamicide Undetermined manner	
71-11-1	CHIEF MEDICAL EXAMINER	
SIGNATURE M.E	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATUREL M.E	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Edward F. Wilson, M.D.	Febr	uary 14, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME al CEMETERY	ar CREMATORY 24D. LOCATION (City, town,	, or county) (State)
REMOVAL (Specify) 2/11/68 Browns	CHAPEZ CALVERT GOI	ni
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ALL MANGEN 638	DDRESS
FEB 16 1968 (P.C. 5 2, January)	Dra . I was Allem 136	hallow CA
1000	My My Many 1 14 1 620	1.000

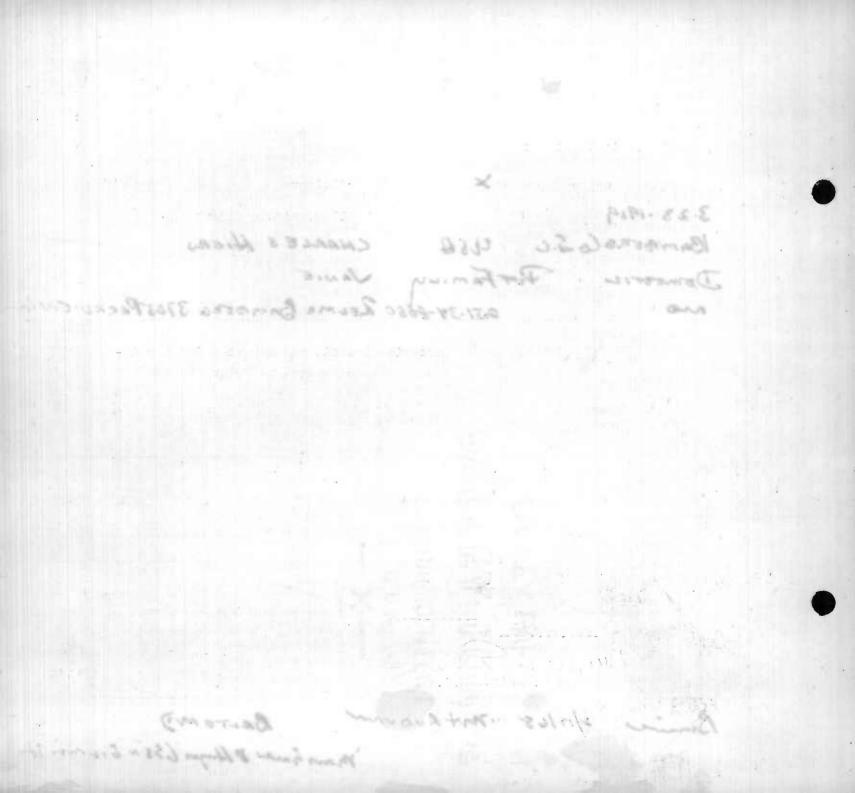
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had the second of the second o 15-1-7 CALVERS USA- JAMES REYROLDS February Hooping Toxic yes in will speed bicollumn I Knopuble 701 Promot ber Bornes shelps Browns (40,002 Commercions) Marchan Plany 638 1 9 2 mm 15

25C. FUNERAL DIRECTOR

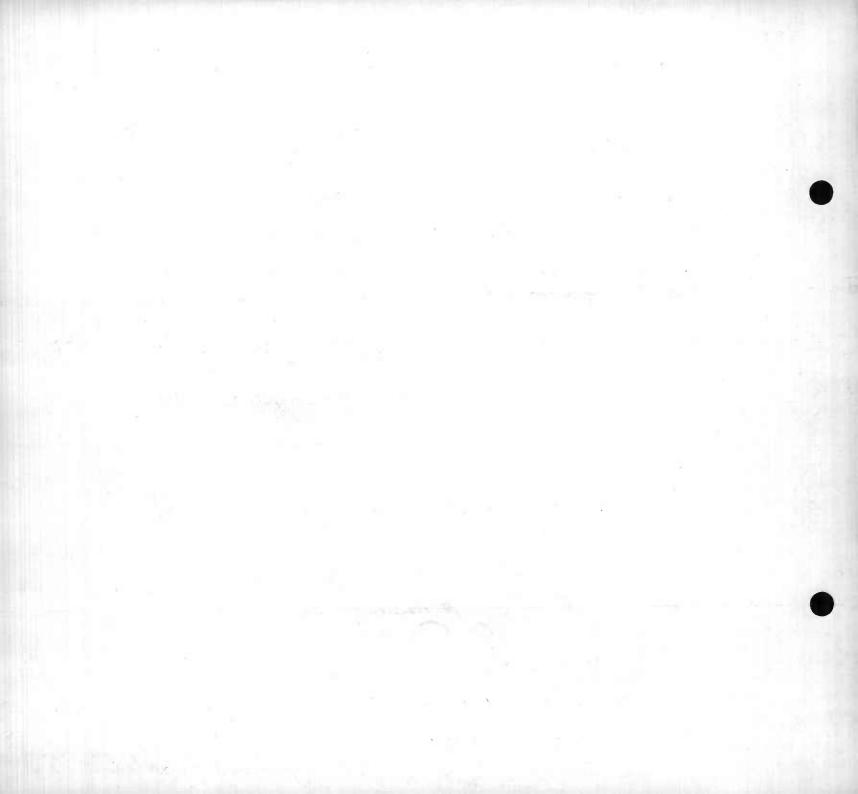
25B. NAME OF REGISTRAR

25A. DATE REC'D BY HEALTH DEPT

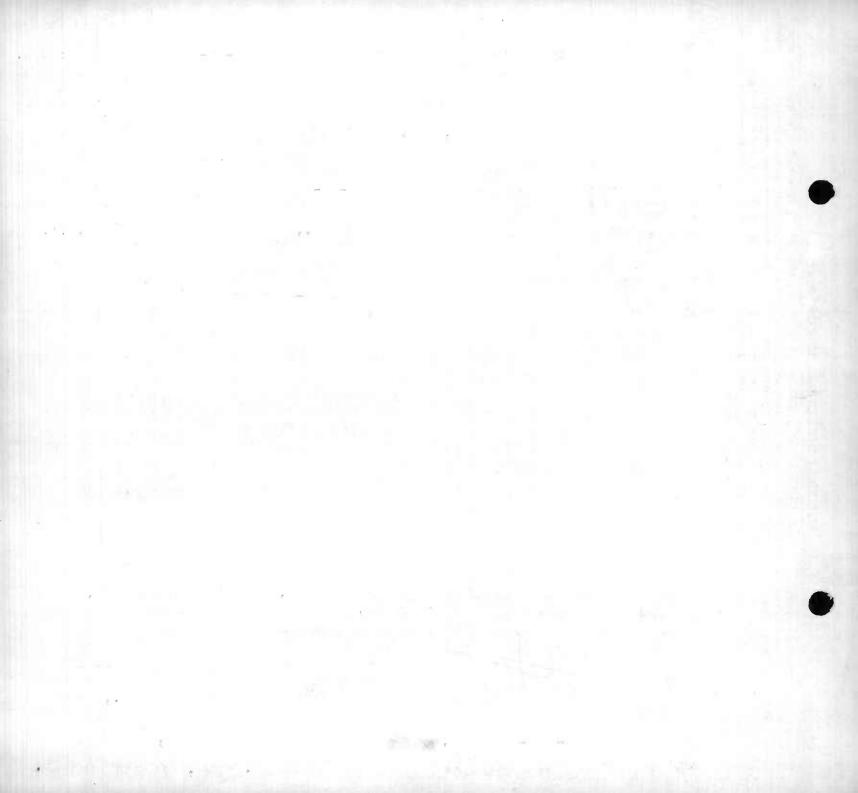


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
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BALTIMORE CITY	Y HEALTH DEPARTMENT	68- 1850
BIRTH NO. 68- 1850 CERTIFICA	TE OF DEATH REG. NO.	30 30:00
	AL OF BLATT	
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	3 4.02 1
(Type or Print) LEARY; Jerome T	2-14-62	11:30 Am
3. PLACE IN BALTIMORE, MARYLANO, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, Il insti	tution; residence before admission)
	A. STATE B. COUNTY	Richt.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOWN D. INSIDE	CITY LIMITS 1
//		ES NO
34 Bon Secours Hospital	E. STREET AND NUMBER	
S. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
Mole WIDOWED DIVORCED	3-15-18 lost birthdoy)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?
done during most of working lile, even if retired)		
Accountant B+O. R.R.	MARYLAND	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Sharks GERTRUDE	
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no of unknown) (If yes, give wor or dotes of service) SECURITY NO.	THE ORIVINAL TO	ADDRESS
TES WWI		
18. CAUSE OF DEAT	TH .	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEATH
LEADING TO DEATH	A. to libriuseus paritain	ti 400.
(This does not mean the made of dying, e.g., (A)IMMEDIATE CA	USE Acute Librinous peritoni	no lacys
neon tollure, osinemo, etc. il meons me disease,	A CONSEQUENCE OF	
I hadron as a marking the contract account death t		
injury or complication which caused death.)	1 - 1 - 3	
ANTECEDENT CAUSES	antion daritie was	4 days
ANTECEDENT CAUSES (B) Perfo	ration of gastric ulcer	4 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS	ration of gastric ulcer	4 days
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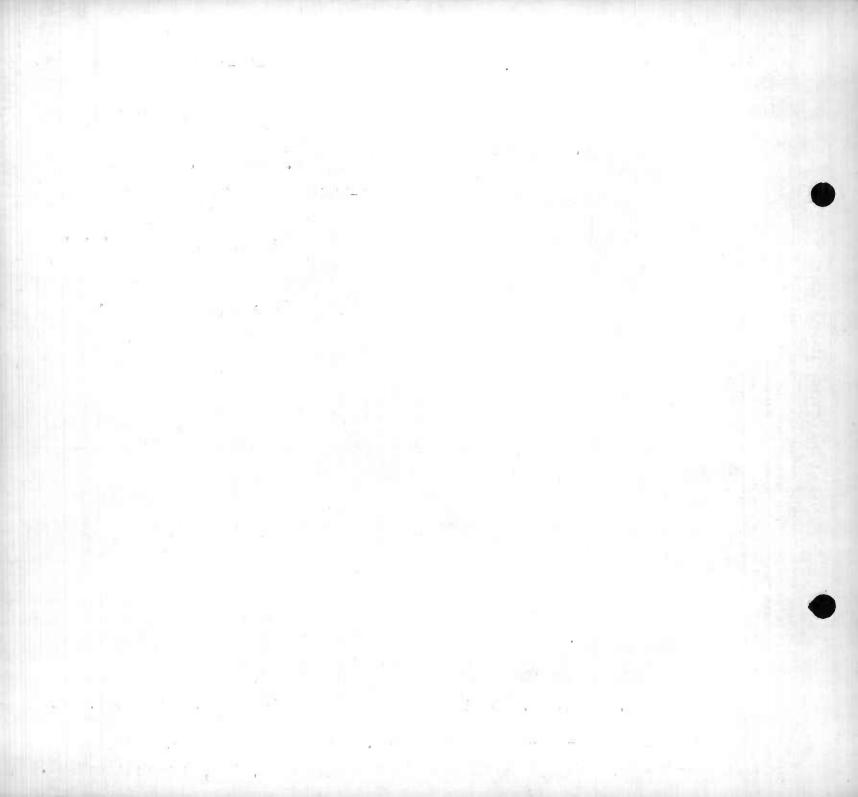


VS 150-REV. 1/1/68



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13. FATHER'S NA.	WE			Baltimore, 14. MOTHER'S MAIDEN	NAME		- Maria
Joseph	Gaskins			Julia			
15. Was Deceased	Ever in U. S. Armed For (If yes, give war ar date	rces? es af service)	SECURITY NO. None	Joseph Roy	, 1137 N		DDRESS
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DISEASES (rise to the UN DERLYIN) OTHER SIGNII TO THE DEA' DISEASE OR CONTRIBUTION OF INJURY (APPROX.) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (i) (we) and haur and 23A. SIGNATU	osthenia, etc. It means polication which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION lost. IL CONDITION STATE OF CONDITIONS COME TO THE CONDITION STATE OF CAUSE O	ony, giving sloling the DNTRIBUTING THE TERMINAL RT 1 (A). (Hour) 21E. I While Wark	(B) ARTEX (B) DUE TO, OR AS (C) DIABE HICH OPERATION PLACE OF INJURY (e.g., in the continuous of th	20A. AUTOPSY? (Yes of in or obout 21C. WHERE DI INJURY OCCU	D (If in Baltin INJURY OCCUR?	RE FINDINGS C CAUSES OF DE more City, give of apinian death	ONSIDERED ATH? exact location)
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DISEASES (rise to the UN DERLYIN) OTHER SIGNII TO THE DEA' DISEASE OR CONTRIBI OR CONTRIBI OF INJURY (APPROX.) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur an 23A. SIGNATU	osthenia, etc. It means polication which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION lost. CICANT CONDITIONS CO H BUT NOT RELATED TO TONDITION GIVEN IN PAR OPERATION 198. CON WAS PER OPERATION (Month) (Doy) (Year) That (I) (this haspital last saw the deceased fram the causes starting of the cause of the causes starting of the cause of the	ony, giving stoling the DNTRIBUTING THE TERMINAL RT 1 (A). (Hour) 21E, I While Wark I) attended the ed alive an arted abave. (I) T. SMOO	(B) ARTER (B) DUE TO, OR AS (C) DIABE CHICH OPERATION PLACE OF INJURY (e.g., in a colory, street, on a colory,	20A. AUTOPSY? (Yes of the bidgs, INJURY OCCU 21F. HOW DID 21F. HOW DID 21F. HOW DID 21G. WHERE DID 21F. HOW DID	D (If in Baltin R? 19 ta c d that in (my) (aur) of the Phys. Dept. 19 to c d t	altimor	ONSIDERED ATH? exact location) accurred at signed 2/68 e. Md., county)

1852



Calvary

25C. FUNERAL DIRECTOR

25B. NAME OF REGISTRAR

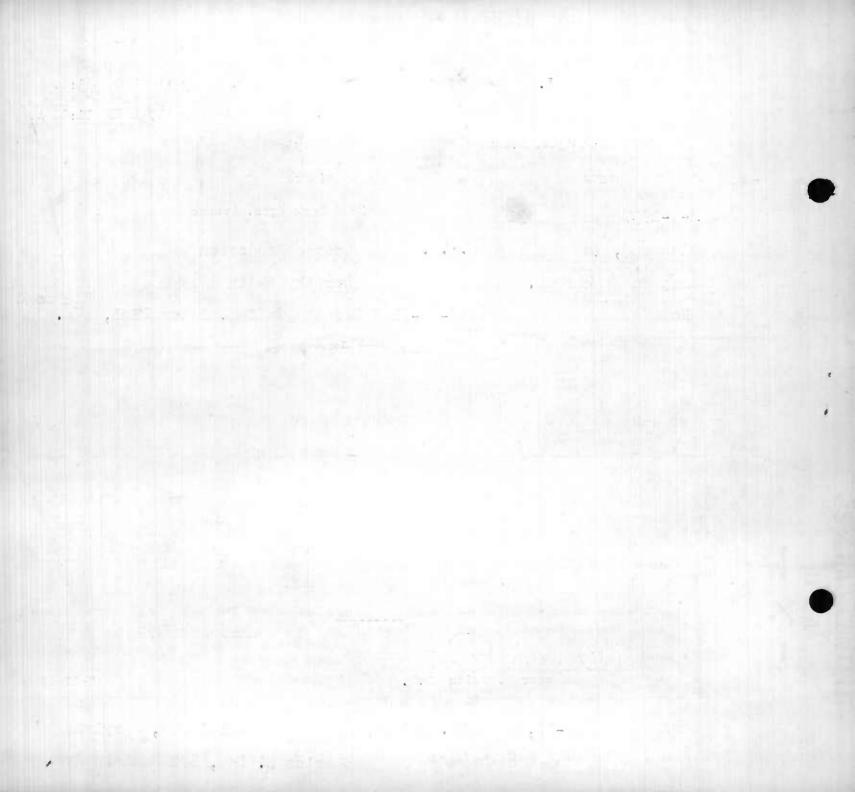
Baltimore, Maryland

Charles R. Law. 802 Madison Ave.

REMOVAL (Specify)
Burial

VS 151-REV, 1/1/6B

25A. DATE REC'D BY HEALTH DEPT.



George A. Wa 1664-705 S. Am. St. III

68- 1855 ME BALTIMORE CITY HEALTH DEPARTMENT

U			
MEDICAL	EXAMINER'S	CEDTIFICATE	OF DEATH
VIELJIL AL	EXAMINER 3	CERTIFIC ATE	UT DEATH

	68-	1855
1		

BIRTH NO.	REG, IVO.
1. NAME OF DECEASED	2. DATE Known Month Doy Yeor Hour
(Type or Print) HERMAN GROSS	DEATH Estimoted February 14, 1968 6:50 P.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD February 14, 1968 6:50 P.M. 5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
O 1315 Harlem &venue	A. STATE Maryland B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore YES NO NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys; Hours; Min.	E. STREET AND NUMBER 1315 Harlem Avenue
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Maryland U.S.A.	Unk.
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even ifretired)	Unk.
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) 217-09-341	5 James Gross 2433 Druid Hill Ave.
19. CAUSE OF DEAT	The state of the s
DISEASE OR CONDITION DIRECTLY Chronic	Bronchitis and Emphysema
LEADING TO DEATH	AUSE
(This does not meon the mode of dying, e.g., heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	es Mellitus
DISEASE OR CONDITION GIVEN IN PART 1 (A).	AS DEPLOCATED IN AUTODOUG (Veres No.)
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)
. (/)	No
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. Nome, form, foctory, street, office	22F. HOW DID INJURY OCCUR?
23. I certify that I held an Inquiry Inspection Aut	tapsy and that an this basis, death in my aplnian
resulted from: Natural causes 🗵 Accident 🗌 Suicid	
	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE MUCHUS L. Z. M.D.	ASSISTANT MEDICAL EXAMINER A
EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER 2-15-68
NAME (Type)	CONTRATORY INC. INC. INC. INC. INC. INC. INC. INC.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	
Burial 2/17/68 Mt. Auburr	Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
FEB 16 1968 Relieb E. Fallyma	CHARLES A. RICE 661 W. Barre St.

Marylend

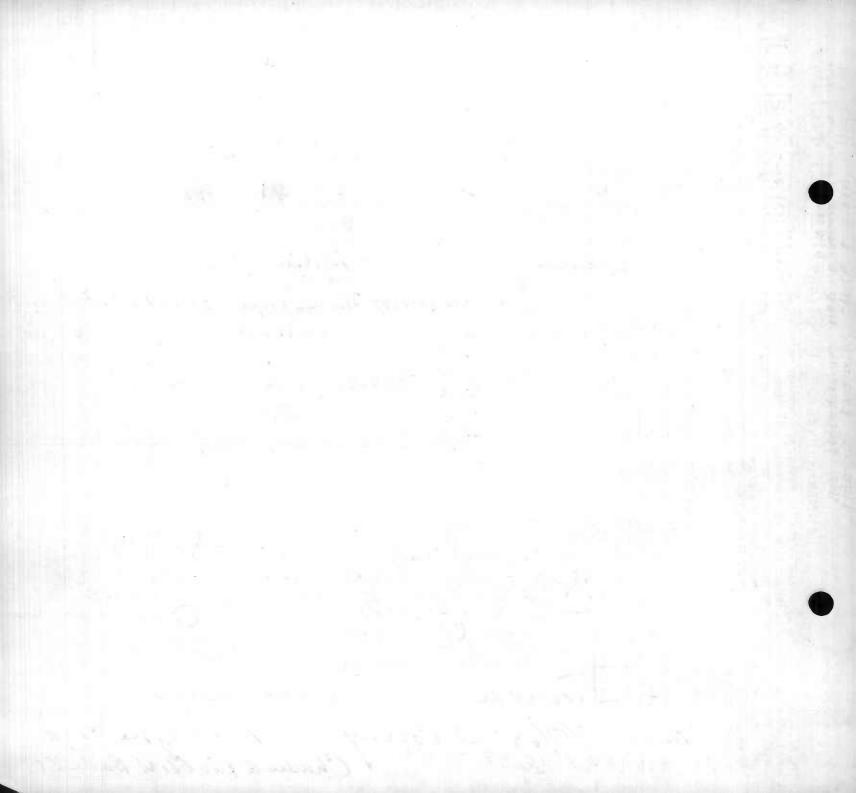
217-09-3415 James Gross 2435 Leuld Hill

TOTAL

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designam, enoughand

BALTIMORE CITY HEALTH DEPARTMENT



(Тур	e or Print)	BENNIE	DAVI	S	OF DEATH	Estimoted	□ Februa	ary 10,	1968	9:00	P.M
4. F	LACE IN BAL	TIMORE, MARYLAN	D, WHERE P	RONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Ноиг	
HO	L NAME OF SPITAL INSTITUTION	(IF NOT IN HO ADDRESS OR	SPITAL OR INS LOCATION)	TITUTION, GIVE STREET		UNCED DEAD	Februa	ary 10,		9:00	M.
		Montebel1	o State	Hospital	A. STATE	Marylan		B. COUNTY	Charle		iron y
6. 5	EX	7. RACE	8. MARI	RIED NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE CIT	Y LIMITS?		
	Male	Negro	WIDOV	WED DIVORCED		Indian :	Head	YES	1 0	10 🗆	
9. [ATE OF BIRTI	last b	GE (In years irthday) 76	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	E. STREET				2.1	- 44	
2	1 1	tote ar fargign caur		12, CITIZEN OF	13. FATHER		plar Land	3	01	-00	
0	harles	Count	1 Md	WHAT COUNTRY?	E	1 WAINE	DAY	15			
14A	USUAL OCCU	PATION (Give kind o	work 14B. KINI	OF BUSINESS OR INDUSTRY	15 MOTHE	R'S MAIDEN	NAME /)		
1	Abor				Re	nee	XX	works	1		
16. (Yes	WAS DECEAS	ED EVER IN U.S. A (If yes, give war or	RMED FORCES	S? 17. SOCIAL SECURITY NO	1B. INFOR	THAN		ADI	DRESS	, ,	1
(10.	, 110 01 011 1110 1111	(ii yes, give war or	adios di sorrica	JEGORITI IVO.	KANO	olph.	DAVIS	INO!	AN	HeA	-d
	19.	114X		CAUSE OF DEA	тн	7				ROXIMATE INT	
	DISEAS	E OR CONDITION	DIRECTLY								
		LEADING TO DEAT		(A)IMMEDIATE C	AUSE	Pneumon	ia				
	(This daes n heart failure injury or con	ot mean the made, asthenia, etc. It med aplicotian which cous	of dying, e.g., ans the disease, ed deoth.)	DUE TO, OR	AS A CONSEC	UENCE OF:	· · · · · · · · · · · · · · · · · · ·				
		NTECEDENT CAUS	T.C			Fractur	e of left	t fomus			
		OR CONDITIONS, I		(B) DUE TO, OR			e or ler	- remur			
	RISE TO THE	ABOVE CAUSE (A	STATING THE								
0				(C)			*******				
CERTIFICATION	TO THE DEA	IFICANT CONDITION ATH 8UT NOT RELATION CONDITION GIVEN	ED TO THE TERM	MINAL Arterios	sclerot	ic card	iovascula	ar disea	se		
RT				FOR WHICH OPERATION W	AS PERFORM	MED			21. AUTOP	SY? (Yes or	r No)
ö	2 11-15	-67 H	ip and	pelvis fracture	S				Ye	S	
CAL		NAL CAUSE WAS		22B. PLACE OF INJURY(e.g., hame, form, factory, street, affic		2C. WHERE D	ID (If in Baltimar	e City, give exac		_	
lä		OR CONTRIB-			e bldg., etc.)		ar Lane				cion
MEDI		(Manth) (Day)	(Year) (Hau				INJURY OCCL		Count	18	-06
	(APPROX.)	11-3-67	12:25 P	while AT NOT NOT AT W	WHILE X	Pedest	rian stru	ick by c	ar	0	
	23.										
		ify that I held or			topsy K		on this bosis,		pinion		
	result	red from: Natura	causes [Accident X Suicid	ie □ H	omicide 🔲		ned monner _	J		
	ACTUAL	(V.	2	1			AL EXAMINER		,	DATE SIGN	IED
	SIGNATI		120.	JAC M.D			CAL EXAMINER	X		11 1/	260
	EXA MIN NAME (I	ype) Charle		ringate, M.D.			AL EXAMINER		ruary	11, 19	768
	MOVAL (Speci		ATE / /	37 MARY ST	AR OF	The Set 2	24D. LOCATION	(City, tawn,	ar county)	(Stot	e) /
1-	WRIAL	2/	15/68	DI MARY 31	12 0	.,,_ 54	-L-Ndi	AN F	teAd	. Mo	¥
25/		BY HEALTH DEPT.		NAME OF REGISTRAR		FUNERAL DIR	ECTOR		DRESS	1	
	FFR 1	R 10RR A	DAG	7 . K. 17 . ma	120	orgy Ut	reveril	MATRY		1 1	

VS 151-REV. 1/1/68

shows: (1)

was D.O.

eceased

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BIRTH NO.

uo death.

I. NAME OF DECEASED (Type or Print)

FULL NAME OF HOSPITAL OR INSTITUTION

3. PLACE IN BALTIMORE MARYLAND.

8-	4050	BALTIMORE CITY HEALTH
0	1858	CEPTIFICATE OF

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

DEI

4. USUAL RI

nac C. CLTY OR T

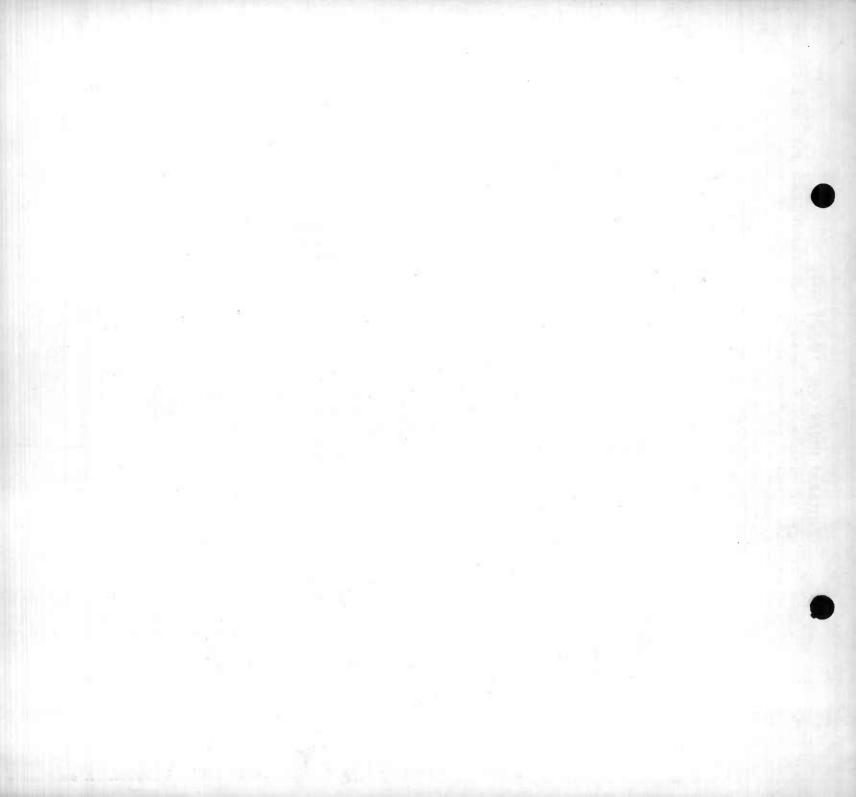
PARTMENT	
DEATH REG. NO. 68-	1858
2. DATE AND HOUR OF GEATH	
SIDENCE (Where deceased lived, If institutions	10 - p. M.
SIDENCE (Where deceased lived, If institutions is B. COUNTY	residence before admirssion)
DWN D. INSIDE CITY I	IMITS?
Himore YES	No.
H MORE YES	
ND NUMBER 2 4 E. FORCES + 5-1 IRTH 9. AGE (In years 5 C) Funds	. #3
18TH 9. AGE (In years 50 If Under Months)	Doys Hours Min.
CE (State or foreign country) 12. CIT	ZEN OF WHAT COUNTRY?
rsey ,M d	U.5, A.
S MAIDEN NAME	
NT	ADDRESS
s Themas, 1124 E	Ferrest St
	Forrest St APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
s Thomas, 1124 E	APPROXIMATE INTERVAL
	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rdiac arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rdiac arrest CE OF: Delatations	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rdiac arrest Delatations	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rdiac arrest CE OF: Delatations	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rdiac arrest CE OF: Delatations	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rdiac arrest CE OF: Delatations NCE OF: tic humoi	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 30 MMM.
rdiac arrest CE OF: Delatations NCE OF: tic humai PSY (Ye) or No! 208. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 30 MMM.
rdiac arrest CE OF: Delatalions NCE OF: tic hermice PSY (Ye) or No) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 30 MM. CONSIDERED OEATH?

DIVORCED 08, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) De 14. MOTHER 13. FATHER'S NAME Alice Walter Thomas
15. Wos Deceased Eyer in U. S. Armed Forces? 7. INFORMA 6. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Mr CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or camplication which caused death,) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUE DISEASES OR CONDITIONS, it any, giving the above cause (A) stating the UNDERLYING CONDITION last. 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 198. CONDITION FOR WHICH WAS PERFORMED OR CONTRIBUTING CAUSE OF 21B. PYACE OF INJURY (e.g., in or about 21C. home, form, factory, street, office bldg., INJU MEDICAL DEATH (notify medical examiner) 21D. TIME (Hour) (Month) (Doy) (Year) 21 E. INJURY OCCURRED 21F. OF INJURY While At Not While (APPROX.) At Work Work -el. 19 68 19 68 22. I certify that (1) (this hospital) attended the deceased from Fele, 13 68 that (17 (we) lost sow the deceased alive on ond that in (pry) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. Cautopor done 23A. SIGNATU 23B. DATE SIGNED 14 Feb. 68 Attending Phys. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 24A. BURIAL CREMATION, 248. DATE 24C, NAME of CEMETERY of CREMATORY (City, town, or county) REMOVAL (Specify) 2SC. FUNERAL DIRECTOR AODRESS

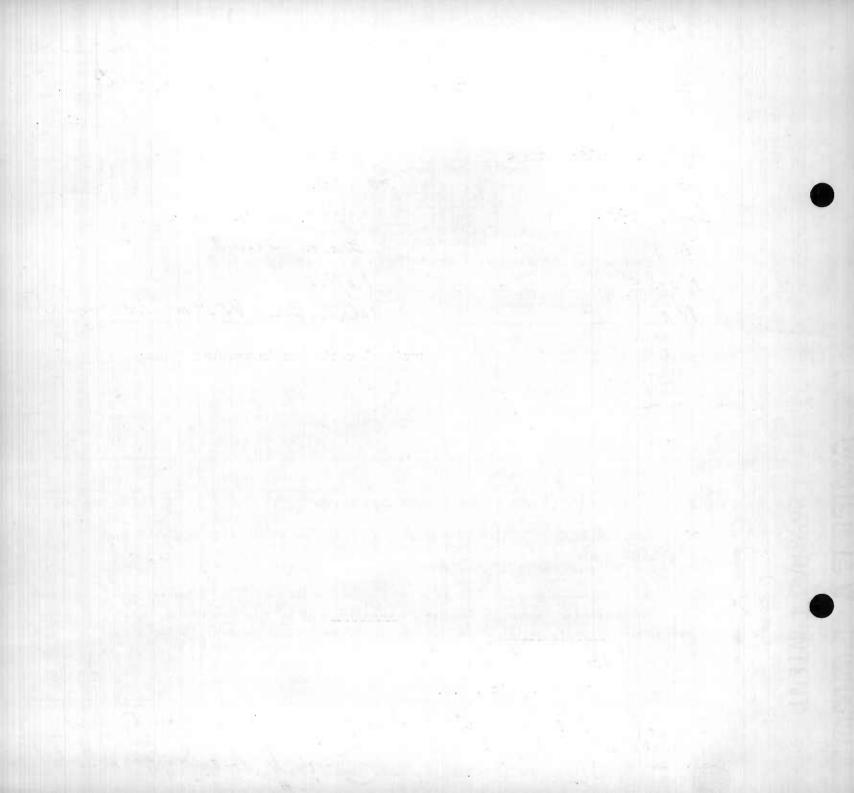
Halstead

1206

VS 150-REV. 1/1/6B



7-623 68- 1859 BALTIMORE CITY HE	EALTH DEPARTMENT
	CERTIFICATE OF DEATH REG. NO. 68- 1859
BIRTH NO.	REG. NO. OO TOUS
1. NAME OF DECEASED	2. DATE Known Month Day Year Hour
GEORGE FORIEST	OF DEATH Estimoted X February 1, 1968 UNK M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	February 13, 1968 9:10 A.M.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
001212 N. Caroline Street	A. STATE B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER MARRIED	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS
	7 144
male negro WIDOWED DIVORCED DI	
Months; Doys; Hours; Min.	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	1212 N. Caroline Street
WHAT COUNTRY?	2 6 7 +
TA HELLA COCKEDATION (Circles Lind of All All MAND OF BUSINESS OR INDUSTRI	Thank Jorden Market
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	7 H
NONE	LOILIE
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no op unknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	Palentine Bloo 935-mc Donough IT
No	1
19. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH Arteriosclerotic Cardiovascular Disease (A)IMMEDIATE CAUSE	
(This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:	
Injury or complication which coused death.)	
ANTECEDENT CAUSES	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(c)	
ODE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED 21. AUTOPSY? (Yes or No)
O A	
	Yes
UNDERLYING OR CONTRIB- home, form, factory, street, office	, in or obout 22C. WHERE DID (If in Boltimore City, give exact location) ice bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH.	
OF INITIRY	
	T WHILE WORK
23.	TV9
I certify that I held an Inquiry Inspection A	
resulted fram: Natural causes 🔀 Accident 🗌 Suicide 🔲 Hamicide 🔲 Undetermined manner 🗌	
CHIEF MEDICAL EXAMINER	
ACTUAL I LIB ME LA SACTION	ASSISTANT MEDICAL EXAMINER
SIGNATURE EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 2/13/68
NAME (Type) Werner U. Spitz, M.D.	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify 2/17/68 Mt. Calypuy a. a. Country med	
25A. DATE RECENT HEALTH REPTO 125B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 1 ADDRESS	
TED TO 1908 Of Gent E. Addition To 1 10	
sept D. Locks 18 1304 N. Carlle at	
	Joseph b. Locks & 1304 n. Canhally



VS 150-REV. 1/1/6B

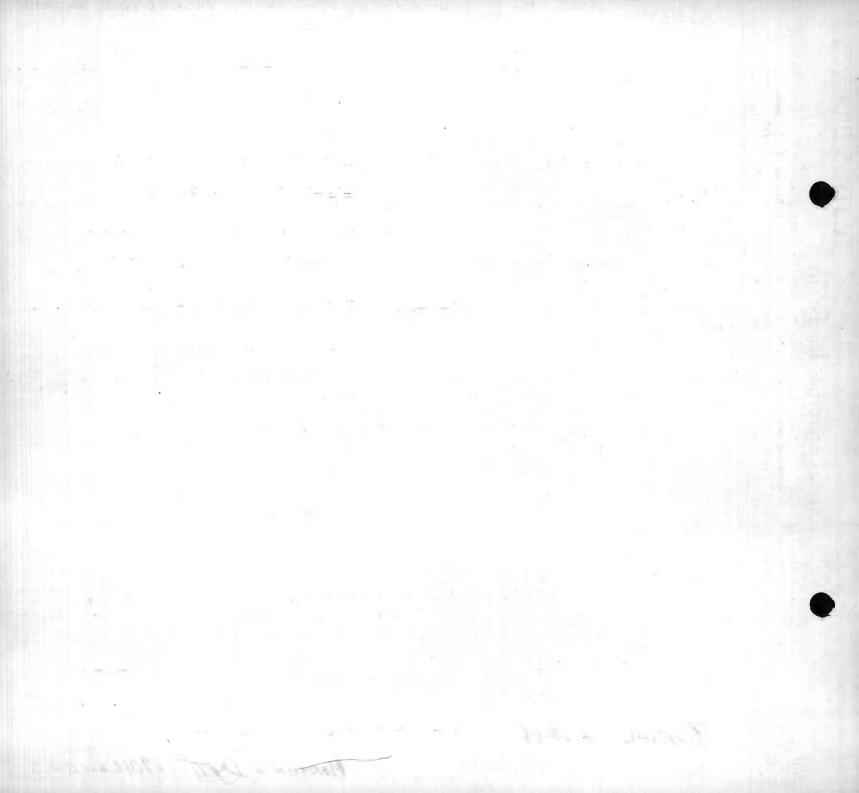
BALTIMORE CITY HEALTH DEPARTMENT

Marin Francis Leave of The more Career Doorer Jumes Note ilmas People Miller 1975 D - 1974 Acces of Regard HD " TO BETWEET I CARDINETT FLEG ROWD . T THE RESERVE ASSESSMENT OF THE PARTY OF THE P

IMPORTANT

FUNERAL DIRECTOR:

C-65	1.1	1 755	CFRTIFIC	CATE OF DEAT	H REG. I		
IRTH NO.	00		CERTIFIC	THE OF DEATH			
NAME OF DEC	CEASED	2		2. DA	TE AND HOUR OF	DEATH	
		rowner		2	-13-68		1:35
	LTIMORE, MARYLAND,			A. STATE B. ((Where deceosed liv	vod. If insti	itution: residence before a
ULL NAME OF HOSPITAL OR NSTITUTION	ADDRESS OR LOC	ATIONI	TUTION, GIVE STREET	C. CITY OR TOWN		D. INSIDI	E CITY LIMITS?
NSITION	Provident H	Hospital	Inc.	Baltimore			YES Y NO
34	1514 Divis:	ion Stre	et	E. STREET AND NUME	BER		-
- /	Baltimore,	Marylan	d 21217	1117 Mount	Street	310	21217
. SEX	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year	ors	If Under 1 Yr. If Under Months: Doys Hours
Female	Negro	WIDOWED	DIVORCED	9-16-1897		70	To the state of th
OA. USUAL OCC	CUPATION (Give kind of wo		F BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote	or foreign country!		12. CITIZEN OF WHAT C
one during most of	f working lifo, even il rotired)	Total State		Baltimore,	Maryland		U.S.A.
FATHER'S NA	AME			14. MOTHER'S MAIDEN			0 8 10 8 12 8
		3			Ma Havens	Ge	orgiana
. W. D	Benson M				MA mavens	, 00	ADDRESS
es, no or unknow	od Ever in U. S. Armed Fo	les of sorvicel	SECURITY NO.	17. INFORMANT			ADDKE22
			217-30-7219	Miss Alma M	lagruder Si	s- 31;	32 Water St.
heart failure,	not mean the mode on, osthenio, etc. It mean implication which cause	s the disease,	(A) IMMEDIATE DUE TO, OR	CAUSE Circula AS A CONSEQUENCE OF:	Lory face		ź
DISEASES iise to the UN DERLYIN OTHER SIGNI TO THE DEAL DISEASE OF CONTRIB DEATH (notification)	or, osthenio, etc. It meon implication which cause ANTECEDENT CAUSE OR CONDITIONS, if he above cause (A) if the above cause (A) if CONDITION lost. II IFICANT CONDITIONS CONTINUE OF OPERATION GIVEN IN PACE OF OPERATION GIVEN	s the disease, d deoth.) S ony, giving stoting the DNTRIBUTING THE TERMINAL INTERPRED DNTRIBUTION FOR REFORMED	(C)	Congestive Car. R AS N CONSEQUENCE OF: Browlephore Bronchopmus 20A. AUTOPSY? (Yos 4E. G., in or obout 21 C. WHERE E. t. office bldg., INJURY OCCU	amonia or No! 20B. IF YES, SIN CERTIFY! DID (If in	WERE FIN	NDINGS CONSIDERED SES OF DEATH?
DISEASES rise to the UN DERLYIN OTHER SIGNI TO THE DEA DISEASE OR OTHER OTHER SIGNI TO THE DEA DISEASE OR OTHER OF INJURY (APPROX.)	or osthenio, etc. It meon implication which cause ANTECEDENT CAUSE OR CONDITIONS, if he above cause (A) if CONDITION lost. II IFICANT CONDITION S CONTINENT OF OPERATION SIVEN IN PARTIES TO OWAS PERTITED TO WAS PERTITED T	s the disease, d deoth.) S ony, giving stoting the S ONTRIBUTING THE TERMINAL RIL (A). NOTITION FOR REFORMED 21E hor etc. I (Hourl 21E William of the Second	(C)	Broncho frace 20 A. AUTOPSY? (Yos g., in or obout 21 C. WHERE E. t. office bldg., INJURY OCCU	or No) 20B. IF YES, S IN CERTIFYIS DID UR? (If in DINJURY OCCUR?	WERE FINING CAUS	NDINGS CONSIDERED SES OF DEATH? City, give exect location)
DISEASES rise to the UN DERLYIN OTHER SIGNI TO THE DEA DISEASE OR OTHER SIGNI TO THE DEA DISEASE OR OR CONTRIB DEATH (notify 121 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we	ANTS ANTECEDENT CAUSE OR CONDITIONS, if he above couse (A) IG CONDITION lost. IIIIIII CANT CONDITION SCONDITION GIVEN IN PACE OF OPERATION 19B. CO WAS PER CAUSE OF MICE OF	s the disease, d deoth.) S ony, giving stoting the stoting the TERMINAL RT I (A). NDITION FOR REFORMED (Hourl 21E www. www. www. www. www. www. www. ww	WHICH OPERATION B. PLACE OF INJURY (e. me, form, foctory, stroot ork E. INJURY OCCURRED hille At Mork At Whithe deceosed fram February 1	Congestive Ca. AS N CONSEQUENCE OF: Breus posses Brencho funcion 20A. AUTOPSY? (Yos 3. J. HES 4. office bldg., INJURY OCCU 21F. HOW DI While Pebruary 108 ot) view the body ofter de Attending Mod. Phys. 23D. ADDRESS	or No) 20B. IF YES, IN CERTIFY! DINJURY OCCUR? 19 68 to and that in (my) (apoth.	WERE FING CAUS Baltimore	NDINGS CONSIDERED SES OF DEATH? City, give exect location) UARY 13, 19 Ion death occurred on 238. DATE SIGNED 2-13-68
DISEASES rise to the UN DERLYIN OTHER SIGNITION TO THE DEAD DISEASE OR OTHER SIGNITION TO THE DEAD DISEASE OR OR CONTRIBUTED TO THE DEATH (notify (APPROX.) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we and hour on 23A. SIGNATION NAME (I)	ANTS (I) (this hospite)	s the disease, d deoth.) S ony, giving stoting the stoting the TERMINAL RY I (A). NDITION FOR REFORMED 216 hor etc I (Hourl 216 www. Sed clive on oted obove. (WHICH OPERATION B. PLACE OF INJURY (e. me, form, foctory, stroot ork E. INJURY OCCURRED hile At Not Nork The deceosed fram February 1: (I) (We) (did) (did no DEGREE)	Congestive Ca. AS N CONSEQUENCE OF: Brancho final 20 A. AUTOPSY? (Yos 4, office bldg., INJURY OCCI 21 F. HOW DI While February 11 3, 198 ot) view the body ofter de Attending Mod. Phys. 23D. ADDRESS 1514 Divisi	or No. 20B. IF YES, IN CERTIFY! D INJURY OCCUR? 19 68 to and that in (my) (a coth. Shoff Phys	WERE FINING CAUS Baltimore February opini	NDINGS CONSIDERED SES OF DEATH? City, give exect location) UATY 13, 19 Ion death occurred on 23B. DATE SIGNED 2-13-68 alto. Md. 212
DISEASES rise to the UN DERLYIN OTHER SIGNITION TO THE DEAD DISEASE OR OTHER SIGNITION TO THE DEAD DISEASE OR OR CONTRIBUTED TO THE DEATH (notify (APPROX.)) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we and hour on 23A. SIGNAT)	ANTECEDENT CAUSE OR CONDITIONS, if he above couse (A) IFICANT CONDITION SOLATION FOR OPERATION 19B. CO WAS PEENT WAS UNDERLYING BUTING CAUSE OF (Month) (Doyl (Yeor World or W	s the disease, d deoth.) S ony, giving stoling the stoling the TERMINAL RT 1 (A). NDITION FOR REFORMED (Houri 21E with the stolen of the s	WHICH OPERATION B. PLACE OF INJURY (e.me, form, foctory, stroot, all the deceased fram February 1: (1) (We) (did) (did no occurrent)	Congestive Ca. AS N CONSEQUENCE OF: Brancho fines 20A. AUTOPSY? (Yos 1, office bldg., INJURY OCCI. 21F. HOW DI Whilo February 11 3, 198 ot) view the body ofter de Attending Mod. Phys. 23D. ADDRESS CREMATORY 2	or No) 20B. IF YES, IN CERTIFY! DINJURY OCCUR? 19 68 to and that in (my) (apoth.	WERE FINING CAUS Baltimore Febru	NDINGS CONSIDERED SES OF DEATH? City, give exect location) UARY 13, 19 Ion death occurred on 238. DATE SIGNED 2-13-68



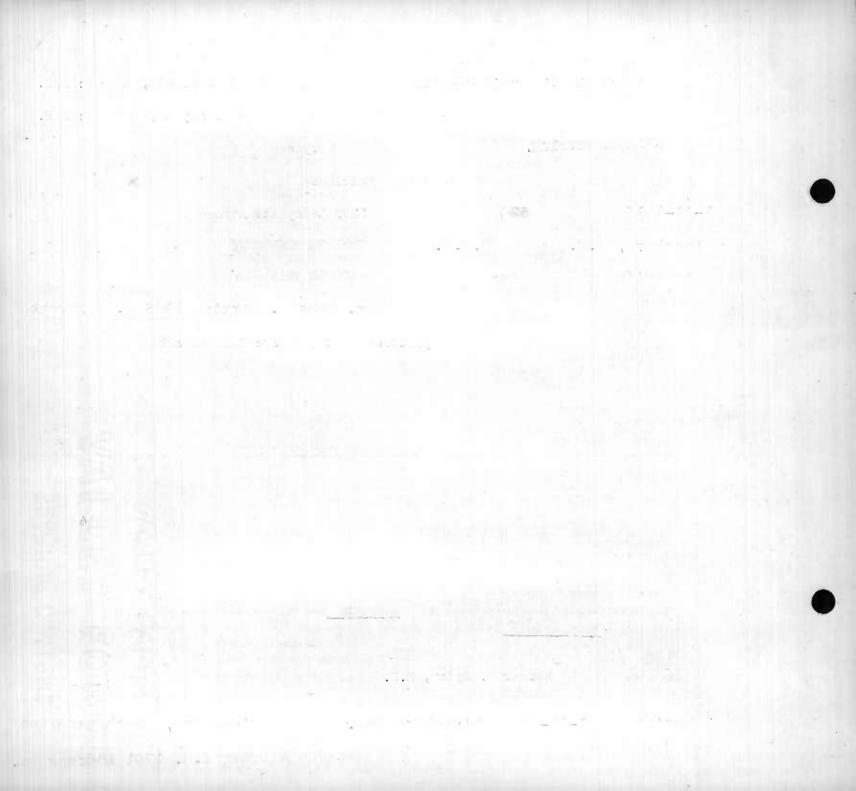
			H NO.	6	8- 18	62 CERTIFICA	TE OF DEATH	H Registered No.	68- 1862
	as as	1. N	AME OF DECE	ASED (TIMEN DA)	DOLAS		2. DAT	2/14/68	1:49 P
	use of d (5) Dece ance on death.	3. F	LACE OF DEA	TH IN BALTIMORE, M	ARYLAND		4. USUAL RESIDENCE (Where deceased lived, II is	nstitution: residence befare admission)
	hosp use (5) : danc dea		ULL NAME OF	(If not in hospite oddiess or locati		give street	MARYLAND	CITY OF BA	the state of the s
	in a grause; ause; ittend or to		NSTITUTION	NUMBER HODELIN	C HOOD!	Tal	BALTIMORE		15 miles
	P.E 2 P.E .	13	SIHE JU	HNS HOPKIN	S HUSPI	TAL	2535 OSWE	(If jurol, give location) SO SXREEX AVE	NUE
	occurre intribut rmined egular ased p	5. S	EMALE	6. RACE NEGRO	WIDOWE	D, DIVORCED (specify) MARRIED	B. DATE OF BIRTH 2-27-60	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	L Co			PATION (Give kind of wo		F BUSINESS OR INDUSTRY		foreign country)	12. CITIZEN OF WHAT COUNTRY?
	or or siting	13.	Chi d	F			DA HIMOre	Mary land	U.S. A
—	if d rect (4) U wa the spos		SAMUEL						
Z	nd; nd; eath eath	15. Yes	Nos Deceased	Ever in U. S. Armed F (If yes, give wor or do	orces? otes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	AN	ADDRESS
RT	the	1_				-6-	Mr. Samue	el Dow, J	r. 4251 Tim /100
PO	his a so, if an once ende		DISEASI	O O O O O O O	DIRECTLY	CAUSE O	1		INTERVAL BETWEEN ONSET AND DEATH
3	Also non atte			LEADING TO DEATH		, DUE TO	NTRICULAR	FIBRILLATI	on 30 seconds
 .:	ner. actu pro pro			asthenio, etc. II meon plication which cause			MITOICHIMA	INSUFFICIE	way I iloup
013	A fr	,		NTECEDENT CAUSE R CONDITIONS, if		DUE TO	,		
IRE	exq (3) A un w in r	4	rise to the	obove couse (A CONDITION last.		(C) (D)	GENTAL AD	ART DISOAS	5 LIFE
0 7	rns; rns; sicia was	Z	75 4, 2	ICANT CONDITIONS	CONTRIBUTION		000000000000000000000000000000000000000	CICLES AND PAIL	Chimity
ERA	med y bu phy phy ian	ATIO	TO THE DE	ATH BUT NOT REI	LATED TO TH	" OPEN CA	RDIAC SUR	Rony	
N	Bod the	TIFIC	19A. DATE OF		REPORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
군	tal b) e; (2) here No ph befor	0	OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF medical exominer)	211 hor etc	B. PLACE OF INJURY (e.g., in me, form, foctory, street, of	or obout 21 C. WHERE DI	D (If in Baltimor R?	e City, give exect location)
	aturatur pt w (6)		21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo	W	hile At Not While		INJURY OCCUR?	
	he the truck			that N) (this haspit		the deceased from	2/12	19 6 8 to	2/14 19 68
3	of all (e all (e be o	CI	that (1) (700)	last sow the decea	sed olive on	714/6	19.68 on		nion death occurred on the date
	sed sed sed sed spit		ond hour ond 23A. SIGNATUR		ated above. ((1) (We) (did) (did not) v	iew the body after dec	oth.	238. DATE/SIGNED
	ccide ccide to d	,	Brei	it L. House	us un	M.D. Atte	nding Med. Director	Stoff Phys.	2/14/68
	as rate at a trior		P A	rs pe) // // // //	1071	1/4 D M.D.	JOHNS HO	PKING HOSPIS	TAL
	certificate body was vs. (1) An c D.O.A. at assed prior	24A	BURIAL CREM	AATION, 24B, DATE	24C. N	OU P	MATORY 24	D. LOCATION (C	ity, town, or county) (State)
	ws: D.C.	25.4	BURIA	1 0 17	-68 M	1. Huburn		Balto.	rd.
	This the b show was decen	25A	FEB 16	1968 Rober	\$ 2. FO		MORTON S	Duettf. A	1. 1901 LAUREN
		VS	150-REV. 1/1/6			,			

harmed than he ON = ..

Print & Broth H. M. Land

1000 BALTIMORE CITY	
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 1863
BIRTH NO. 1. NAME OF DECEASED	2. DATE Known Month Day Year Hour
(Type or Print) GEORGEANNA (Georgiana)MARTIN	OF DEATH Estimoled February 14, 1968 8:35 P.M
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	February 14, 1968 8:35 P. M
46 LUTHERAN HOSPITAL	5. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY Maryland
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female Negro widowed Divorced	□ Baltimore YES NO □
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 H Months, Doys, Hours, M	Irs. E. STREET AND NUMBER
7-31-1915	2305 Lafayette Avenue
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Winnsboro, S.C. U.S.A. WHAI COUNTRY?	GEORGE KENNEDY
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUS	TRY 15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired) Housewife Home	VIOLA KENNEDY
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Mr. John Z. Martin 2305 W. Lafayett
19. 44 / 2 0 . CAUSE OF D	EATH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY Hyper	tensive Cardiovascular Disease
LEADING TO DEATH	
(A)IMMEDIA: (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DR AS A CONSEQUENCE OF:
Injury or complication which coused death.)	
ANTECEDENT CAUSES (R)	
	OR AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	
Z (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	WAS PERFORMED 21. AUTOPSY? (Yes or No)
5	Y 4 s
Z2A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e	.g., in or obout 22C. WHERE DID (If in Boltimore City, give exect location)
UNDERLYING OR CONTRIB-	office bldg., etc.) INJURY OCCUR?
OF INITIRY	
(APPROX.) m. WORK	NOT WHILE
23.	
	Autapsy X and that on this basis, deoth In my opinion
resulted from: Natural causes X Accident Sui	cide Homicide Undetermined monner
ACTUAL /100, 1 5	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE LUCYUS h - / A	M.D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S Werner W. Spits, M.	De ASSOCIATE MEDICAL EXAMINER 2-15-68
NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETE	
REMOVAL (Specify)	
Burial 2-22-68 Winnsbord	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
FEB 18 1968 Robert E. Faskenhar	MORTON & DYETT F.H. 1701 Laurens S

MORTON & DYETT F.H. 1701 Laurens St.



BALTIMORE CITY HEALTH DEPARTMENT

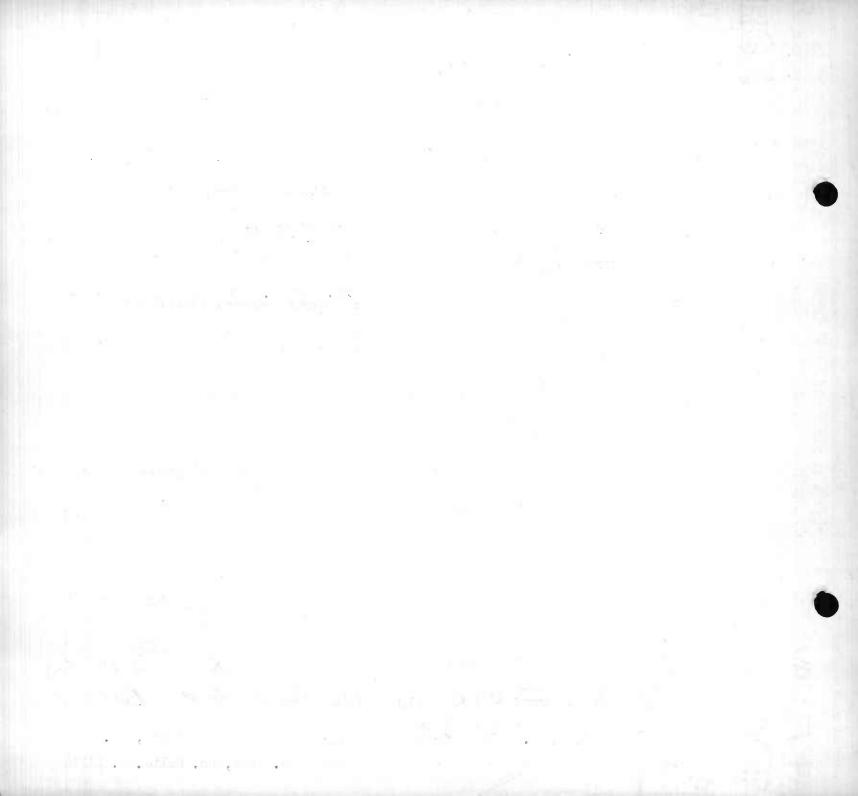
- marine Thomas Chithe 20

Micheller & Stranger & ... Water H remain least . . the benny to the state in row !-CHRIMIC RENEL FRILIRE INC. CHEWNS STANDARDS WASHINGTON TO A FEW SHIP ASHEROKE WASH Dingo es Messerra 2-18 2-17 18 2-18 DIRTUGESTY HOSPITTE a come from the state to the House Mexicon & Divert of H 1701 Sellings

3

VS 150-REV. 1/1/68

BALTIMORE CITY	Y HEALTH DEPARTMENT 68- 1866
68- 1866 CERTIFICA	ATE OF DEATH REG. NO. 1000
BIRTH NO. 1, NAME OF DECEASED I	2, DATE AND HOUR OF DEATH
(Type or Print) AHES TOPSEDER Tangires	2-15-68
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission A. STATE 8. COUNTY
ELLE MAAAT OF HE MOT IN MOCRITAL OR INSTITUTION, CIVE STREET	Ma. la al xxxxxxxxx
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION	C. CILY OR JOWN D. INSIDE CITYAHMIS?
119	BOHITO'S NO NO
4: 10 11 11	E. STREET AND NUMBER
Maryland General Itospital	845 C. LONDARD Street.
S. SEX 6- BACE 7- MARRIED VEVER MARRIED	B. DATE OF BIRTH 10/94 9. AGE (In years If Under 1 Yr. If Under 24 Hrs Months; Doys Hours Min.
MALE CAUCASIAN WIDOWED DIVORCED	8 300 pt 300 73
OA. USUAL OCCUPATION (Give kind of work 10.8, KIND OF BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
reflect Restaurant Owner Or E	(assequence Turkey USA
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Home Topos Ex Tangires	Evelyn ?
S. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Mrs. Anna M. Tangires (Same)
No 220-12-8/26	A corportante contraction de la contraction de l
18.3 & CAUSE OF DEAT	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	UREMIA 1-27R
(A) IMMEDIATE CA	USE A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	A CONSEQUENCE OF
ANTECEDENT CAUSES	vic Reval disease 5-6 m
(8)	S A CONSEQUENCE OF:
rise to the above cause (A) slating the	
UNDERLYING CONDITION lost, (C)	
5 7 2 X II	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	osclenotic C-V. Disease YEARS
□ DISEASE OR CONDITION GIVEN IN PART 1 (A). □ 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED
19A, DATE OF OPERATION WAS PERFORMED WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
♥ OF INJURY (APPROX) While At □ Not Whi	ile
Work At Work	
22. I certify that (I)((this haspital) attended the deceased fram	2-10 1968 to 2-15 1968
that (I) (we) last saw the deceased alive an 2-15	19 6 and that in(my) (60r) apinian death accurred an the dat
and haur and fram the causes stated obave. (1) (We) (did) (did nat)	view the bady after death.
23A. SIGNATURE	23 B. DATE SIGNED
A Sound MO DEGREE Phy	rending Med. Staff Phys. 2 2-15-67
23C. PHYSICIAN'S NAME (Jype)	23D. ADDRESS
F. S. EORICK MA	Md Gen / HOSP BALTO PIL
44. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CR	REMATORY 24D. LOCATION (City, town, or county) (State)
Burial 2/17/68. Greek Orthodox	Cemetery Baltimore, Md.
Burial 2/17/68 Greek Orthodox	2SC, FUNERAL DIRECTOR ADDRESS
3 EB 1 1968 R. C. & E, talker M.	Leonard J. Ruck, Inc. Balto . Md. 21214



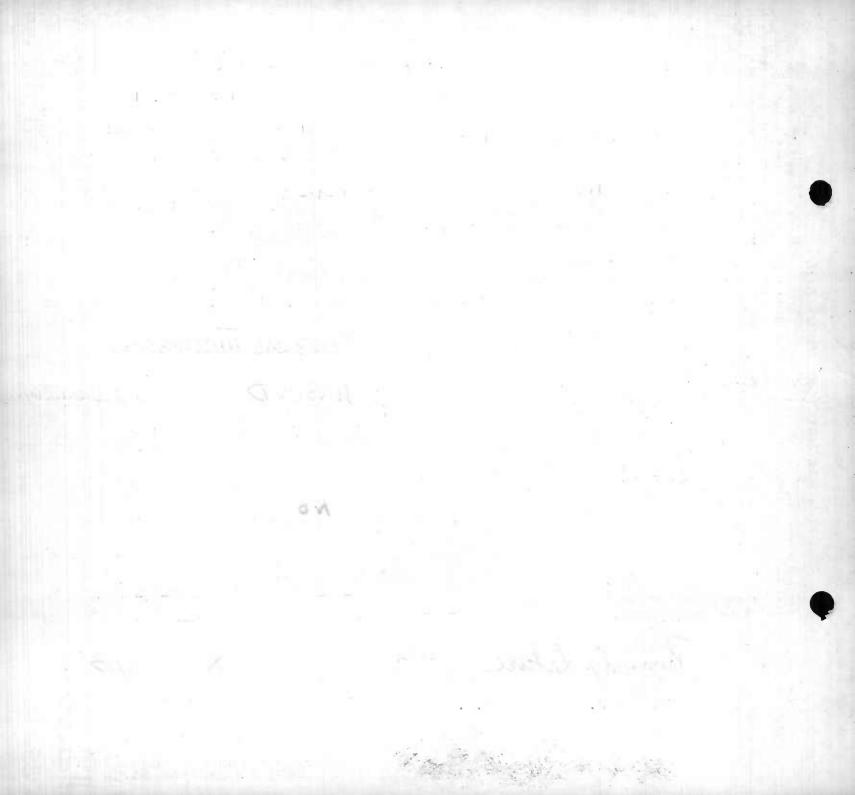
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68- 1867 BALTIMORE CITY HEALTH DEPARTMENT

			MED	ICAL	EXAM	INER'S	CERTIF	ICATE C	F DEA	TH	68	3- 1867
BIR	TH NO.		-11-11-11-11-11-11-11-11-11-11-11-11-11							KEG. 140		
	NAME OF DEC	CEASED					2. DATE	Knawn 🔲	Month	Day	Yeor	Hour
(тур	e ar Print) H	ILDA	BRUCE		RI	CHARDS	DEATH	Estimated	□ Febru	ary 11	, 1968	8 8:55 P.M.
4. 1	LACE IN BAL	TIMORE, MA	ARYLAND, W	HERE P	RONOUNCED		3. DATE		Manth	Day	Yeor	
HO	L NAME OF SPITAL INSTITUTION	(IF NO	OT IN HOSPITA ESS OR LOCA	LORINS	TITUTION, GIVE	STREET		DUNCED DEAD	Febru			68 8:55 P.M.
		S. HAI	NOVER S	TREE	T		A. STATE	Marylan		B. COUNTY	on: residence	e before admission)
6. 5	EX	7. RACE	TO THE	B. MARI	RIED A NEVE	R MARRIED	C. CITY O	RTOWN		D. INSIDE	MALAMITS	Aug Street
F	emale	White	е	WIDOV		DIVORCED	Balt	timore		Y	res 🗴	NO 🗆
	arch 5.		10. AGE (In	years y) 35		If Under 24 Hrs. Haurs Min.		AND NUMBER		eet		
_			(an aguntau)		i CITIZENI	i i			VEL SEL	eet		
	BIRTHPLACE (S Berkeley				WHAT CO			R'S NAME 1eigh E.	Hess			
14A	USUAL OCCU	PATION (GI	ve kind of work		OF BUSINES	S OR INDUSTR	Y 15. MOTH	ER'S MAIDEN	NAME			
done	during most of		ven if retired)		**		М.	-45- W W				
14	WAS DECEAS		IIIS ADMED		Home 5? 17. 500	CLAI	IB. INFO	rtha M.M	iller		DDRESS	
(Yes	, no ar unknawn	(If yes, give	wor ar dates	af service	SEC	URITY NO.			- C1-1-			M.1
-	No	N	0			AUGE OF DE		Josephi	ne Suin	namon-ba		APPROXIMATE INTERVAL
	0 11	161				AUSE OF DEA	un					TWEEN ONSET AND DEATH
	DISEAS	E OR CONE	DITION DIREC	CTLY		Fatty 1	letamor	phosis o	f Liver			
		LEADING TO	O DEATH			(A)IMMEDIATE						
	(This does n	at meon the	c. It means the	ing, e.g.,				QUENCE OF:				
			ich caused dec									
Н		NTECEDENT		CIVINIC		(B)	AS A CONS	EQUENCE OF:				
	RISE TO THE	E ABOVE CA	IONS, IF ANY AUSE (A) STAT	TING THE		DUE 10, 01	70 7 00113	EGOLITCE OT.			- 1	
z	UNDERLYIN	NG CONDIT	ION LAST.			(c)						
CERTIFICATION	1-51.	0	11									
K			NDITIONS CO									
띮			T RELATED TO									
2						PERATION W	AS PERFOR	MED		140	21. AU1	OPSY? (Yes or Na)
ö	0										1 1 1	Yes
7	22A. FXTER	NAL CAUSE	WAS		228 PLACE O	F INTIPV(e o	In as about	22C. WHERE D	ID (If in Baltim	are City sive or	net location	
EDIC,	UNDERLYING UTING CA	OR CON	VTRIB-		home, farm, fa	ctory, street, offi	ce bldg., etc.)	INJURY OCCU	R?	ure City, give ex	oci ideanan	
	22D. TIME		Day) (Yeor) (Hau	r) 22E.1NJU	Y OCCURRED		22F. HOW DID	INJURY OC	CUR?		
	OF INJURY (APPROX.)				m. WHILE AT		WHILE WORK					
	23.			,	_							
м			held an I				tapsy X	Medical		, death in my		
	resul	ted fram: 1	Natural cau	ses X	Accident	Suici	de 🗌 🕴	damicide 🔲	Undetern	ined manner		
		^		, (-		CHIEF MEDIC	AL EXAMINER			
	ACTUAL		Dane		7.0	/	AS	SISTANT MEDIC	AI EXAMINER	K		DATE SIGNED
	SIGNAT		Wern	or II	Spitz,	M.I).					
	NAME (1		WCLIIC	EL U.	Spirz,	M.D.	A55	OCIATE MEDIC	AL EXAMINER			2-12-68
	BURIAL CRE	MATION,	248. DATE		24C. NAME	of CEMETERY	ar CREMA	TORY 2	4D. LOCATIO	N (City, taw	vn, or caun	ty) (State)
	MOVAL (Speci	fy)			O M						Berk	eley Co.
	uria1	DV HEATT	Feb. 17	,196	8 Mounta	inside	Tabern	cle Cem	Route	1, Marti	nsbur	g. W.Va.
25/	. DATE REC'D	BY HEALTH	1968	258.	NAME OF REG	ISTRAR	2.9°C	FUNEBAL DIR		/	ADDRESS	
	4/6	density . States	1000 4	W Co	A C. T.	Latice Talk	Br	own Fune	ral Home	-Martin	sburg	, W. Va.

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VS 150-REV. 1/1/6B



VS 150-REV. 1/1/68

The Secretary and Later medicalities & Light

tal St. Tibi-1.7 - b.

KINDSH TOH

Contaggions

TAMES BENDA

SARITO ASSASSE

NAME OF TAXABLE

22c CL-1735 Trusha maeru 707 H Leasung and

Cardiac Arrot

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Districce Conte House Discourt Discourt

brommoball lills

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68- 1870 BALTIMORE CITY HEALTH DEPARTMENT

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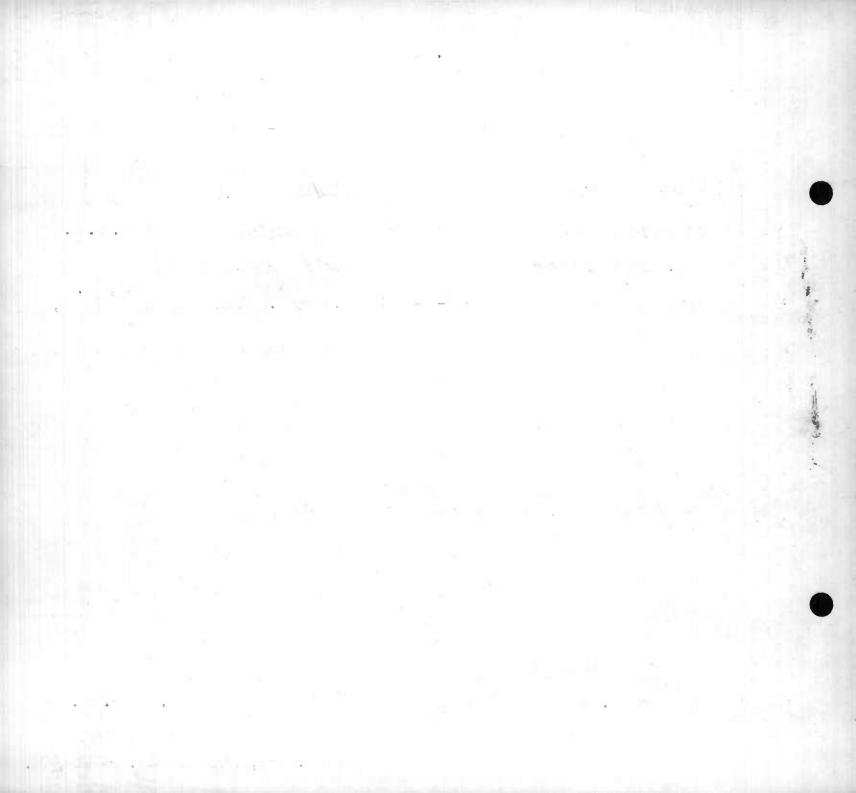
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 68- 1870
BIRTH NO.	REG. NO.
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Doy Year Hour
WILLIAM LIPPERT	DEATH EstImoted □ 2 13 68 5:30 p.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	February 13 1968 5:30 pm.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
1 21 S. Broadway D.O.A.	A. STATE B. COUNTY Maryland
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED 9. DATE OF BIRTH 10.AGE (In years If Under 1 Yr, If Under 24 Hrs.	
Dog 26 1003 lost birthdoy) Months Doys Hours Min.	
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	21 S. Broadway
Baltimore, Md. WHAT COUNTRY?	Casper Lippert
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	
done during most of working life, even if retired)	Mary Diezel
Seaman Merchant Marines 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT 1603 Ruskin Rd Address 21061
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	
yes WW 1 086-16-2674	Walter Bartholomew, nephew
19. 15 3 81 CAUSE OF DEA	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	
heort toilure, osthenio, etc. It meons the diseose,	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (R)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
Ö	
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g., home, form, foctory, street, office	in ar about 22C. WHERE DID (If in Boltimore City, give exact location)
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	e bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
	WHILE O
23.	
I certify that I held en Inquiry Inspection X Au	topsy ond that on this basis, deoth in my opinion
resulted fram: Natural causes X Accident Suicident	de Hamicide Undetermined menner
	CHIEF MEDICAL EXAMINER
ACTUAL XA A LINE	ASSISTANT MEDICAL EXAMINER X
SIGNATURE	
EXAMINER'S NAME (Type) Edward F. Wilson, M.D.	ASSOCIATE MEDICAL EXAMINER February 14, 1968
NAME (Type) Edward F. Wilson, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	
REMOVAL (Specify)	
Burial 2/15/68 Cedar Hill	Cemetery Baltimore, Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25c FUNERAL DIRECTOR ADDRESS Schimunek Funeral Home, Inc.
TEB 1 968 P. D. F. E. Ja. Deure	2601 F. Madison St

prior to death. Such

ottendance on the

BIRTH NO. I, NAME OF DECE. Type or Print)	ASED	1871 CERTIFICA John J. Esler	2. DATE AN	ND HOUR OF DEATH	, ,
L.	SLER NO	HW	10	· Any	2/13/68
3. PLACE IN BALTI	IMORE, MARYLAND, WHI	ERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Whe		nstitution: residence before odmissi
FULL NAME OF	(IF NOT IN HOSPITAL	OR INSTITUTION, GIVE STREET	in B	altimore	53-00
HOSPITAL OR	ADDRESS OR LOCATI	ON)	C. CITY OR TOWN		IDE CITY LIMITS?
1	VNIKER	SITY 1405P	BALTO-Du	ndalk	YES NO X
TIm d and			E. STREET AND NUMBER		
	ersity Hospita		6920 1	DELVALE	PL
Male	2002 4 4	MARRIED NEVER MARRIED DIVORCED	6/16/21	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
		B. KIND OF BUSINESS OR INDUSTR	1 11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNT
TOOL + DAE	orking life, even if retired)	NAT'L CAN CORP	Mound o	الممد	II. C. St. A.
3. FATHER'S NAM	- 1:7 IZ A	7777 2 074.1 00.07	14. MOTHER'S MAIDEN NA		USS. S.
	DH ESLER Ever in U. S. Armed Force	.9 114 00	JULIA KR	USZ EWSK	
	(If yes, give wor or dotes		17. INFORMANT (Wife)	Du	indalk, Md.
Yes	WWII	218-10-9805	Mrs. Mary T. Es	sler, 6920 I	
1B. 🦸	2 / 1	CAUSE OF DEA			APPROXIMATE INTERVA
DISEASES OF	NTECEDENT CAUSES R CONDITIONS, if on obove couse (A) s	(B)	S A CONSEQUENCE OF:		III Zyrs
DISEASES OF THE UNDERLYING A DISEASES OF THE UNDERLYING A B T X OTHER SIGNIFICATION TO THE DEATH	NTECEDENT CAUSES R CONDITIONS, if on obove couse (A) s CONDITION lost. II CANI CONDITIONS CONT	y, giving (B)			
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DISEASES OF THE UNDERLYING 2 3 7 OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19 A. DATE OF THE DEATH (notify to 10 ond hour and 23 A. SIGNATUR 23 C. PHYSICIAN NAME (T) 4 A. BURIAL CREW	NTECEDENT CAUSES R CONDITIONS, if on obove couse (A) s CONDITION lost. II CANICONDITION S CONTINE BUT NOT RELATED TO THE DIDITION GIVEN IN PART 1 OPERATION 19B. CONDITION WAS PERFORM T WAS UNDERLYING TING CAUSE OF medicol exominer (Month) (Doy) (Year) That (I) (this haspital) of the causes stated to the cause stated to the caus	(RIBUTING TERMINAL 1 (A). 1 (A). 1 (B). 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) While At Not Whork attended the deceased fram alive an Not We) (did) (did nat)	20 A. AUTOPSY? (Yes or No Notice bidg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR?	OI 20B.)F YES, WERE IN CERTIFYING CA (If In Boltimot OURY OCCUR? 19 ta Z nat in my (aur) api	FINDINGS CONSIDERED USES OF DEATH? re City, give exoct locotion) 19 inian death accurred an the death accurred an the death accurred and the death accurred a
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VS 150-REV. 1/1/6B



eceased

Was

Such

BIRTH NO

I. NAME OF DECEASED

Deceased

ance deat (2) cause

CO BALTIMORE CITY	Y HEALTH DEPARTMENT	
68- 1872 CERTIFICA	ATE OF DEATH REG. NO. 68- 1872	_
eph Mc GLONE McGl	2. DATE AND HOUR OF DEATH 2-13-68 6:05 P	м.
ARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution; residence before odmission A. STATE B. COUNTY	on)
OT IN HOSPITAL OR INSTITUTION, GIVE STREET RESS OR LOCATION)	C. CITY OR TOWN BALTIMORE C. CITY OR TOWN D. INSIDE CITY LIMITS?	_
me & Hospital	BALTIM ORB-Dundalk YES NO X	
tome + Hosp.	833 Codan ave. 21222	
	Sept. 15, 1883 9. AGE (In years If Under Yr. If Under 24 H. Months Doys Hours Min.	rs.
Sive kind of work 10B, KIND OF BUSINESS OR INDUSTRY even if retired)	Y 11. BIRTHPLACE (Stote or fareign country) 12. CITIZEN OF WHAT COUNT	RY?
ER-FARMER	KENTUCKY U.S.A	
	14. MOTHER'S MAIDEN NAME	
Mc GLONE	MIRANDA KITCHEN	
S. Armel Forces? ve wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT (Daughter) S33 Loal	lan

05 3. PLACE IN BALTIMORE, A FULL NAME OF HOSPITAL OR INSTITUTION Church Ho S. SEX 6. RACE 15. Was Deceased Ever in (Yes, no or unknown) (Iff yes, CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death,) ANTECEDENT CAUSES (B) DUE TO, OR DISEASES OR CONDITIONS, if any, the above cause (A) UNDERLYING CONDITION last. 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED No OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? (if in Baltimore City, give exact location) MEDICAL DEATH (notify medical examiner) (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) lost sow the deceased alive on. ond that in (my) (our) opinion death occurred on the date ond hour ond from the couses stoted obove. (1) (We) (did) (did not) view the body ofter deoth. 23A, SIGNATURE 23B, DATE SIGNED Attending Med. 2-13-68 Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type Church Home West tal. Balto. Md. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) *Holbrook Family Cemetery Carter, Kentucky Burial

7922 Wise Ave. Dundalk,

VS 150-REV. 1/1/6B

2SA. DATE REC'D BY HEALTH DEPT.

CHANGE WHEN + HOSE MALE WITE CARPONTER-PARMER

POBERT Mc Gloub NO

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T. delis Ar. Spr ROSELIE M LIM

68- 1873 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S			DEATH	REG. NO	68-	1873
BIRTH NO.		D.					
1. NAME OF DECEASED		2. DATE OF	Known 🗌	Manth	Day	Yeor	Hour
FRIEDOF OSCAR	FONDILA	DEATH	Estimoted X	Februa	2 ,	1968	12:00 PM
4. PLACE IN BALTIMORE, MARYLAND, WHERE PR		3. DATE	CED DEAD	Month	Doy	Yeor	Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INST HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	IITUTION, GIVE STREET			Februar		1968	9:50 A.M
10/1 77/11- 01		A. STATE	1 1	В	COUNTY	4.2	172-1
1041 Hillen Street 6. SEX 7. RACE 8. AAABB		Mary		1	D. INSIDE C	timore	00.0
MARR	IED NEVER MARRIED				D. MASIDE C		-
male white wow	/ED ☐ DIVORCED 🖾	Edgem			1	'ES	ио 🖺
9. DATE OF BIRTH 10. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AN	D NUMBER				
Merch 13, 1908 59	1 1	2929	Sparrow	s-Point	Road		
	12. CITIZEN OF	13. FATHER'S					
Pennsylvania	WHAT COUNTRY?		Fondila				
14A.USUAL OCCUPATION (Give kind of work 14B. KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY		Iseckil				
16. WAS DECEASED EVER IN U.S. ARMED FORCES	? 17. SOCIAL		NI (Daugh		7+0 0	DDDESSMA	21221.
(Yes, no or unknown) (If yes, give wor or dotes of service)	213-09-4346	Mrs. Sh	irley Pa	rty, 66	03 Har	twait	St.
19. 44 1 0 0	CAUSE OF DEA	тн					PROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	(A)IMMEDIATE C	scleroti CAUSE AS A CONSEQUE		vascula	r Dise	- 1	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)(C)	as a consequ	ENCE OF:				
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION	INAL						
20A. DATE OF OPERATION 208. CONDITION	FOR WHICH OPERATION W	AS PERFORME)			21. AUTO	PSY? (Yes or No) No
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., home, form, foctory, street, offic	in or obout 220 e bldg., etc.)	WHERE DID URY OCCUR?	(If in Boltimore	City, give ex	oct locotion)	September 1
22D. TIME (Month) (Doy) (Yeor) (Hour OF INJURY (APPROX.)	WHILE AT NOT	WHILE ORK	HOW DID IN	IJURY OCCUI	2?		
I certify that I held an Inquiry cresulted from: Natural couses CACTUAL SIGNATURE EXAMINER'S Werner U. ST	Inspection A Av Accident Suicide	tapsy Hom CH	and that on ticide IIEF MEDICAL ANT MEDICAL ATE MEDICAL	Undetermin EXAMINER [EXAMINER [date signed /13/68
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 2/15/68	Oak Lawn Cemet		24D.	LOCATION		on, or county	
EED TA MOOD A	AME OF REGISTRAR		J. Duda			ADDRESS Ve. Dur	ndalk, Md.

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VS 150-REV. 1/1/68

Royan vor Bonnington Magainer S.C How mount Support Committee Hallemanni 133 Proceedingsonic accounting war and Cyclester Cresting Lawrence & Station was 19 feet among hydrand James 193 Mushing Phys - 656 my lower the

Jonneson Person of Russiant Daniel

Commercial State Commercial State Commercial State of the Commercial State of the S

VS 150-REV. 141/68

Letter from U.S.P.H.S. Hospital 7-14-69 M.H.

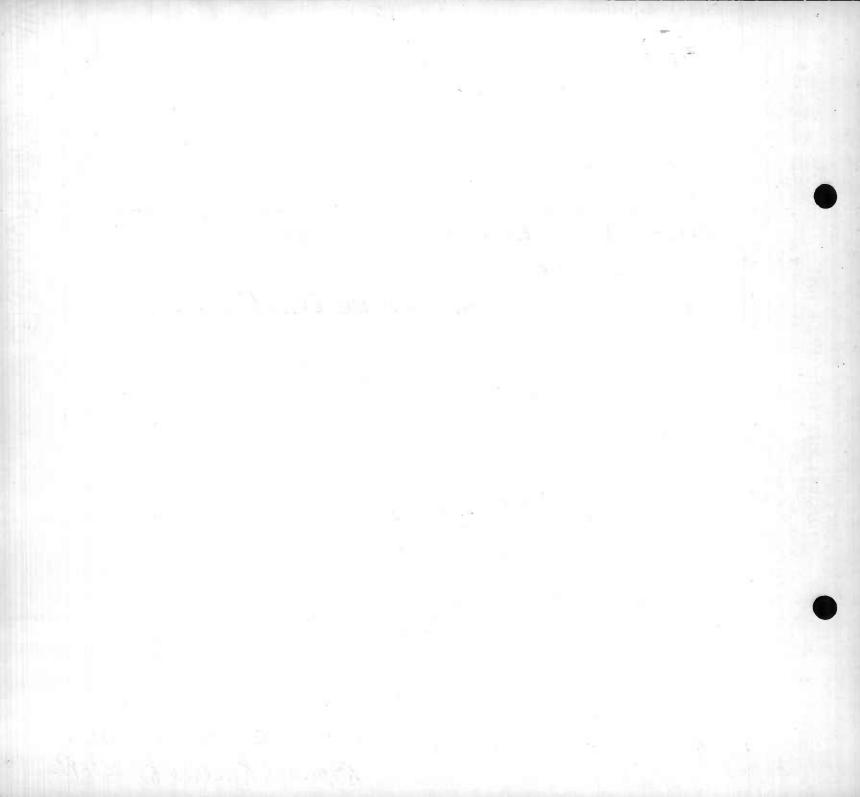
L-246

68- 1878 BALTIMORE CITY HEALTH DEPARTMENT

	- 7	1,1176	MED	ICAL	. EX	AMINER'S	CERTIFI	CATE OF	DEA	rH	68	03%	1878	3
BIR	TH NO. 6 /-	16481								REG. NO)			
1. I	NAME OF DEC	EASED					2. DATE OF	Knawn 💢	Manth	Day	Year	Н	our	
1	LORETTA		ynn			CKLEAR	DEATH	Estimated	Feb:	ruary 1			:25 A	М.
						UNCED DEAD	3. DATE	JNCED DEAD	Month	Doy	Yeo	TH.	OUF	
HO	L NAME OF	ADDRE	ESS OR LOCA	ION)	IIIUIIO	N, GIVE STREET				ary 17,			:25 A	. M.
OR	INSTITUTION						5. USUAL R A. STATE	ESIDENCE (When	e deceosed	lived. If instituti B. COUNTY		e befo	re admissi	an)
10:	2022 E.	Baltim	ore Sti	eet			Mary1	and		4				
6. 5	SEX	7. RACE		B. MARI	RIED [NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE	CITY LIMITS	?		
1	Temale	Indi	an	WIDON	VED [DIVORCED .	Balti	more		10	YES X	NO		
9. [ATE OF BIRT	H	10. AGE (Ir			der 1 Yr. If Under 24 Hrs.		ND NUMBER		-				
A	ug 20 19	967	6 mos		MONTE	is boys (nous) Mill.	2022	E. Baltim	nore S	treet				
_	BIRTHPLACE (S		1			TIZEN OF	13. FATHER							
	Baltimo	re. Md			W	HAT COUNTRY?	Ros	co Lock	lear					
14A	USUAL OCCU	PATION (Giv		4B. KINI	OF B	USINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NA	ME					
dan	during most of v	vorking lite, ev DNC	en itretired)				Ro	se Carter						
	WAS DECEAS	ED EVER IN				17. SOCIAL	IB. INFOR				ADDRESS			
(Yes	, no or unknown) No	(It yes, give)	wor or dates	of service)	None	Rosco	Locklear	2022	E Balti	more	Str	eet	
	19.	HV.				CAUSE OF DEA						APPRO	XIMATE INTE	
	7.5			nw i v							BE	TWEEN	ONSET AND	DEATH
		E OR COND LEADING TO		"ILY				eumonitis	3					
	(This does n	ot meon the	mode of dy	ing, e.g.,		(A)IMMEDIATE O	AS A CONSEC	UENCE OF:						
	injury ar con	, osthenio, etc nplication whl	:. It means the ch coused dec	th.)										
		ITECED ENIT	CALICEC											
		OR CONDITI		GIVING		(B)	AS A CONSE	QUENCE OF:						
	RISE TO THE	ABOVE CA	USE (A) STAT	ING THE										
Z	ONDERLIN	10 CONDII	IOIN LAST.			(c)					***********			
ğ	S 25	IFICANT COI	II	ALTRIBIA	TING									
Ö	TO THE DEA	ATH BUT NOT	RELATED TO	THE TERM	MINAL	Bilatera	1 Otiti	s Media						
CERTIFICATION		CONDITION				VHICH OPERATION W	AS PERFORM	ED			21. AU	TOPSY	/? (Yes or	No)
S	()													,
4	22A. EXTER	NAL CAUSE	WAS	_	22B P	LACE OF INJURY(e.g.,	in or about 3	2C WHERE DID	(If in Rollim	ore City alve e	vact lacation		es	
EDIC	UNDERLYING UTING CA	OR CON	TRIB-			farm, factory, street, affic			(II III DOIIIII	oro city, give o	, act racano	,		
Σ	22D. TIME		Day) (Year) (Hou	r) 22	E.INJURY OCCURRED	1	2F. HOW DID IN	JURY OC	UR?				
	OF INJURY (APPROX.)					HILE AT NOT	WHILE VORK							
	23.													
	l cert	ify that I h	eld an 1	nquiry		Inspection Au	tapsy X	and that an t	this basis	, death in m	y apinian			
	resul	ted fram: N	latural cau	ses X	Ac	cident Sulcid	de 🗌 H	omicide 🔲	Undeterm	ined manner				
		Λ.			1	0-		CHIEF MEDICAL	EXAMINER				TE CLONI	
	ACTUAL	IDE 11 /	1000	9	11	7 m.o	ASSI	STANT MEDICAL	EXAMINER	X		UA	TE SIGNI	:U
	SIGNATI	EDIC II	() A	I Co	itz			CIATE MEDICAL	EXAMINER			2/	17/68	\$
	NAME (1	1/0	erner l	, sp	ILZ	, ,,,,,,,								
	A. BURIAL CREA MOVAL (Speci		24B. DATE		240	NAME of CEMETERY	or CREMATO	DRY 24D.	LOCATIO	N (City, to	wn, or caun	ty)	(Stote)
-	Buri	And the last of th	Feb 19			Mount Arie		у	Fairme	ount No	rth Ca	rol	ina	
25	A. DATE REC'D	BY HEALTH	DEP I.	25B. N	IAME (OF REGISTRAR	25C.	FUNERAL DIRECT	OK		ADDRESS			
	FEB .	196	8 00	15	1.0	13 Profit	Th	e Dippel	Bros :	Inc. 180	OO E I	omb	ard S	it_

VS 150-REV. 1/1/68

,	CO 40	BALTIMORE CITY I	HEALTH DEPARTMENT		00 1000
	68- 18	CERTIFICAT	TE OF DEATH	REG. NO.	68- 1879
BIRTH N	IQ. E OF DECEASED	OEKTII TO/ CI		HOUR OF DEATH	
Type or		Ticanu 111	Z. DATE AND	B 13 1.6	1 10:35 A.
2 PI A C	E IN BALTIMORE MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Where	deceased lived, if insti	tution: residence before admission
, reac	LIN BALLINGRE, MARIEMEN, WHENE TRO		A. STATE B. COUNT		
FULL N	AME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)		MARYLAND		nul
NSTITU	Tion		C. CITY OR TOWN		CON LIMITS?
24			BALTIMORE E. STREET AND NUMBER		ES NO
Ba	al CERCURE HACKE	- 1	823 S. Rose	- CT.	
1001	N SECOURS HOSPIT	AL			V II 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
. SEX	MARR WIDOW	_	3-19-98	ost birthdoy) 69	If Under 1 Yr. If Under 24 Hours Min.
	JAL OCCUPATION (Give kind of work 10B, KIND ing most of working life, even if retired)	OF BUSINESS OR INDUSTRY	1. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNT
Cil.	10	H. STEEL	DNI DOID		11. S. A.
	TET MAN		4. MOTHER'S MAIDEN NAM	E	77. 01.77
			2		
	POCCOSON EVER IN U. S. Armed Forces?		7. INFORMANT		ADDRESS
	or unknown) (If yes, give wor or dotes of serving	security No.		,	2 CO
NI	2	169-01-2100	MRS. ELSIE KO	SITYLA O	23 J. MISE -
18.	436,41	CAUSE OF DEATH			APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY			< 0	excoul /1/2 ma
	LEADING TO DEATH	(A) IMMEDIATE CAUS DUE TO, OR AS A	E C. V. A. 1	beleten	
	is does not mean the mode of dying, our ort failure, asthenio, etc. It means the dise	DUE TO, OR AS A	CONSEQUENCE OF:		
inju	ry or complication which coused death.)				
	ANTECEDENT CAUSES	(R)			
	EASES OR CONDITIONS, if ony, give	ing DUE TO, OR AS A	CONSEQUENCE OF:		
	In the above couse (A) stating DERLYING CONDITION lost.	(C)			
	9 / 11	(~/			•••••
Z OTH	II IER SIGNIFICANT CONDITIONS CONTRIBUTIT	NG			
ĕ TO	THE DEATH BUT NOT RELATED TO THE TERMIN EASE OR CONDITION GIVEN IN PART 1 (A).				
U 19A.	DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)		IDINGS CONSIDERED
THE TOTAL	-8-68 WAS PERFORMED	· Dor ton	N>	IN CERTIFYING CAUS	ES OF DEATH:
U 21 A.	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory treet, office	or obout 21C. WHERE DID	(If In Boltimore	City, give exoct location)
	ATH (notify medical examiner)	etc.)	ot blogs, mooki occok.		
21 D.		21 E. INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
>	PROX.)	White At Not While			
(AL	1102	Work At Work			
	I certify that (1) (this hospital) attended	ed the deceased from		10 2-1	
thot	t (1) (we) lost saw the deceased alive	on 10:3564 2-12	- 19 65 ond the	tin (my) (our) opini	an death occurred on the de
and	hour and from the causes stated above	a. (1) (We) (did) (did not) vi-	ew the bady ofter deoth.		
23A.	SIGNATURE			2	3B, DATE SIGNED
	10 8 (M.O Attend	ding Med. Director	Hys.	2/12/68
23 C.	PHYSICIAN'S	DEGREE	D. ADDRESS		71900
	NAME (Type)	OHA M.D.	2	10 H. CO	N.T. A. I.
244 811	DONG SAP	DEGREE	DON SECOL		/ / A L
	MOVAL (Specify)	NAME of CEMETERY OF CREA	AATORY 24D. 60	CATION ICITY,	town, or county) (Stote)
131	0 11 1910	And American I	5MITTON 1	11-10-106	
	18117 J-16-168	T, STANISLAUS -	CHELENY 10	ari imone	1110-
25A. DA	TE REC'D BY HEALTH DEPT. 25B. NAM	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	1 1/none	ADDRESS
25A. DA	TER 19 1968 (7.0 6 8	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	ACZOROWSK	115- 1 2525 -LEET



68- 1880

MEDICAL	EY A MAINIED'S	CERTIFICATE	OF DEATH
MEDICAL	EXAMINEK 9	CEKTIFICATE	OF DEATH

RIG	TH NO.		MED	ICAL		AMINER'S			DEAT	H REG. NO.	68-	1880
1. (NAME OF DEC	EASED					2. DATE	Known K	Month	Doy	Yeor	Hour
(Typ	e or Print)	HELEN	NIRODA				OF DEATH	Estimoted	2	14	68	7:40 a M.
4.	PLACE IN BAL				RONO	UNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
HO	L NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITA	L OR INS	TITUTIO	N, GIVE STREET		ESIDENCE (When	Febru	2	1968	M.
		Grinda	11 St.					ESIDENCE (When		7	Heta.	3 Lames
6.	SEX	7. RACE		B. MARE	RIED-E	NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE CI	TY LIMITS?	
Fe	emale	White	2	WIDOV	VED 🗀	DIVORCED	Balt	.0.		YE	s 😓 🗆	NO O
9. [ATE OF BIRTI	Н	10. AGE (In		If Und	ler 1 Yr. If Under 24 Hrs. s. Days , Hours , Min.	E. STREET	AND NUMBER				
Jı	ily 4, 1	909		8			416	Grindal	St.			
11.	BIRTHPLACE (S	state or fareig			W	TIZEN OF HAT COUNTRY?	13. FATHER	'S NAME				
14A dan	USUAL OCCU	Balto. PATION (Give	Md • e kind af work en if retired)	14B. KIND	OF BI	I S A USINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN N	olewski			
	Housew				At	Home	F	rances Un	known			
16.	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCE	5?	17. SOCIAL SECURITY NO.	IB. INFOR	MANT		A	DDRESS	
1.6.	No	Mil yes, give w	or ar ables	01 361 1106	,	SECORITI IVO.	Famil	y				Same
	19. 4 1 5	7.9.				CAUSE OF DEA	TH					PROXIMATE INTERVAL
NO	(This daes n heart failure tnjury ar con AT DISEASES (RISE TO THI	LEADING TO not mean the notice of the control NTECEDENT OR CONDITION E ABOVE CANON NG CONDITION OR CONDITIO	mode of dy. It means the ch caused dea	disease, ith.)		(B)	AS A CONSEC	QUENCE OF:				
CERTIFICATION	TO THE DEA	NIFICANT CON ATH BUT NOT CONDITION	RELATED TO	THE TERM	INAL		***************************************	are eech +	a.a. a. v.a. dr dr dr dr 12 7070 6707 62 62			
ERT	20A. DATE OF	F OPERATION	1 20B. CON	NOITION	FOR W	WHICH OPERATION W	AS PERFORM	MED			21. AUTO	PSY? (Yes or No)
O	0											
MEDICAL	UNDERLYING UTING CA	USE OF DEA	TRIB-		r) 221		ce brag., erc.)	22C. WHERE DID NJURY OCCUR? 22F. HOW DID 11			ct location)	NO
	23.	tify that I h	eld on I	nquiry [6792	utopsy [ond that on	this basis,	, deoth in my	opinion	
	ACTUAL SIGNATI EXAMIN NAME (1	URE	N	1	V	Suici M.D. Suici M.D.	D. ASS	omicide CHIEF MEDICAL ISTANT MEDICAL DCIATE MEDICAL	EXAMINER EXAMINER	ined monner [X Feb:		DATE SIGNED
	A. BURIAL CRE	MATION, 2	4B. DATE			NAME of CEMETERY	or CREMAT	ORY 240	LOCATION		, or county	
L	MOVAL (Speci Burial		2 17 6			Holy C			Brookl:	yn. A. A	. co.	Md.
25.	A. DATE REC'D			25B. №	NAME (OF REGISTRAR	25C.	FUNERAL DIREC	TOR	A	DDRESS	
	F	EB 19	1968	I. P.	B &	2. F. a. M.		Mc C	ully	130	E. For	t Ave.

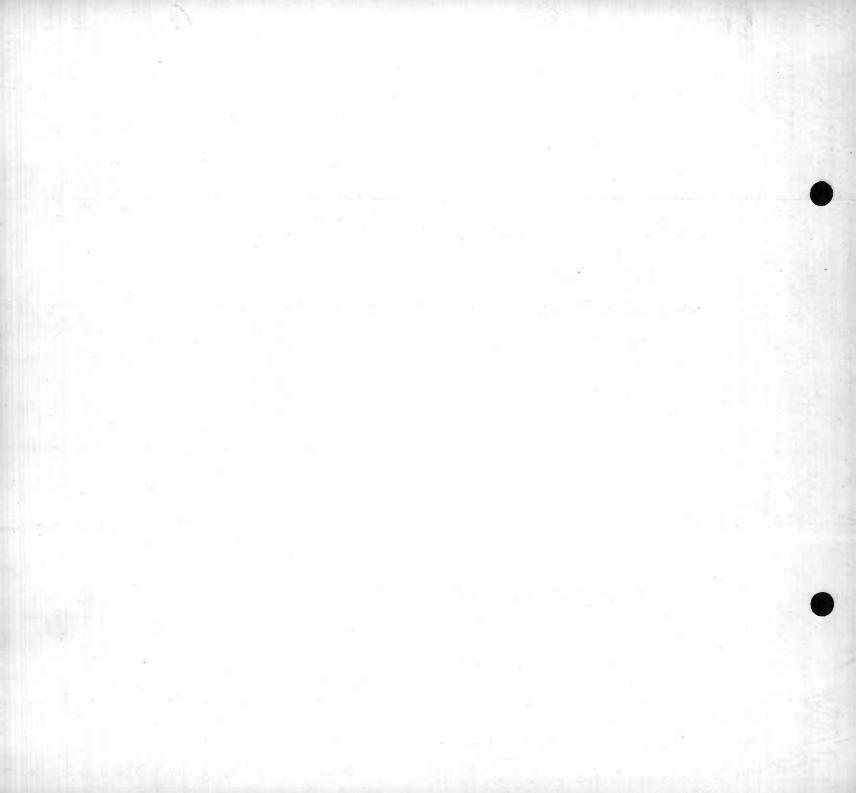
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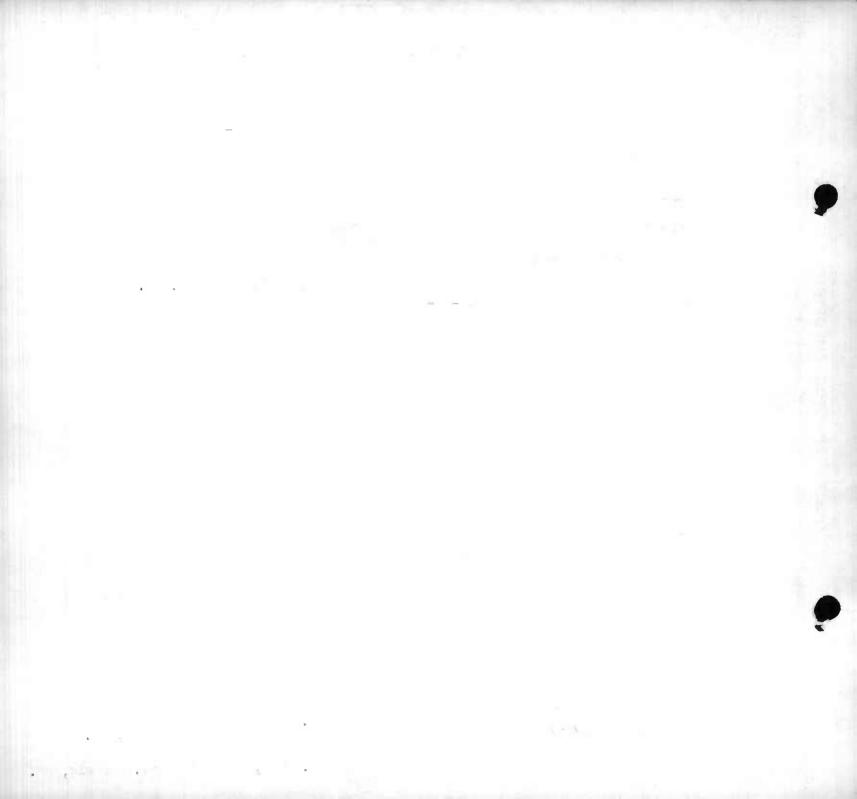
Man the service to late.

44.47

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INITI NO.	1882 CERTIFICA	TE OF DEATH	Registered Na.	
N.E. CASE NO. NAME OF DECEASED Type or Print) MINNIE BIW	Minnie Gill	2. DATE AN	D HOUR OF DEATH	8 1000 1=
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	re deceased lived. 'If i	nstitution: residence before admissio
FULL NAME OF (If not in hospital or institu	ition, give street	MARYLAND	Baltimore	
HOSPITAL OR oddress or location) INSTITUTION	400,700	An at 1		RURAL and give township)
5 Caurch Home : +	tospital		rural, give location)	50-00
Church Home & Hospita	1	6503 G	OLDEN RI	06 RD.
	RRIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Manths Doys Hours Min.
Temale White	Widowed	3-20-91	76	
DA, USUAL OCCUPATION (Give kind of work 10B. KIN one during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY		ign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland		u.s.
3. FATHERS NAME Frederick Scherman		14. MOTHER'S MAIDEN NA	ME	
5. Was Decoased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT (Daugh:	tom Polto	MA ADDRESS 21206
Yes, no or unknown) (If yes, give war or dates of service) NO	218-54-4220	MILDRED	NEW TON	10503 60LDE.
18.4 10,9 1	CAUSE	DF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY	1.			.10
(This does not meon the mode of dying,	e.g., DUE TO	UTE MYOCARD	IAC INFAL	201 / 2 asar
hearl failure, asthenia, etc. II means the dis injury or complication which caused death.)				
	(B)			
ANTECEDENT CAUSES	(B)		***************************************	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, grise to the obove couse (A) stoling	iving			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, grise to the obove couse (A) stoling UNDERLYING CONDITION last.	iving			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, grise to the obove couse (A) stoling UNDERLYING CONDITION last.	iving The (C)			
DISEASES OR CONDITIONS, if ony, grise to the obove couse (A) stoling UNDERLYING CONDITION last. TO THE SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	UTING THE FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	D) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, grise to the obove couse (A) stoling UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED CAUSE OF DEATH (notily medical examiner)	UTING THE FOR WHICH OPERATION	No	IN CERTIFYING CA	
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ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, grise to the obove couse (A) stoling UNDERLYING CONDITION last. NOTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 179. DATE OF OPERATION 198. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notily medicol exominer) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive and haur and fram the causes stated aba 23A. SIGNATURE	UTING O THE FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED While At Not White At Work ded the deceased fram o an 2 / 4 / 4 / 4 / 4 / 4 / 4 / 4 / 4 / 4 /	in ar obout 21C. WHERE DID Inffice bidg., INJURY OCCUR? 21F. HOW DID INJ 19	IN CERTIFYING CA	2 - 14 OPTO 68 linian death accurred an the a
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NO X

Hours

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

If Under 24 Hrs.

D. INSIDE CITY LIMITS?

12. CITIZEN OF WHAT COUNTRY?

IN CERTIFYING CAUSES OF DEATH?

2-14-68

(City, town, or county)

Baltimore, Md.

John J. Duda, 7922 Wise Ave. Dundalk, Md.

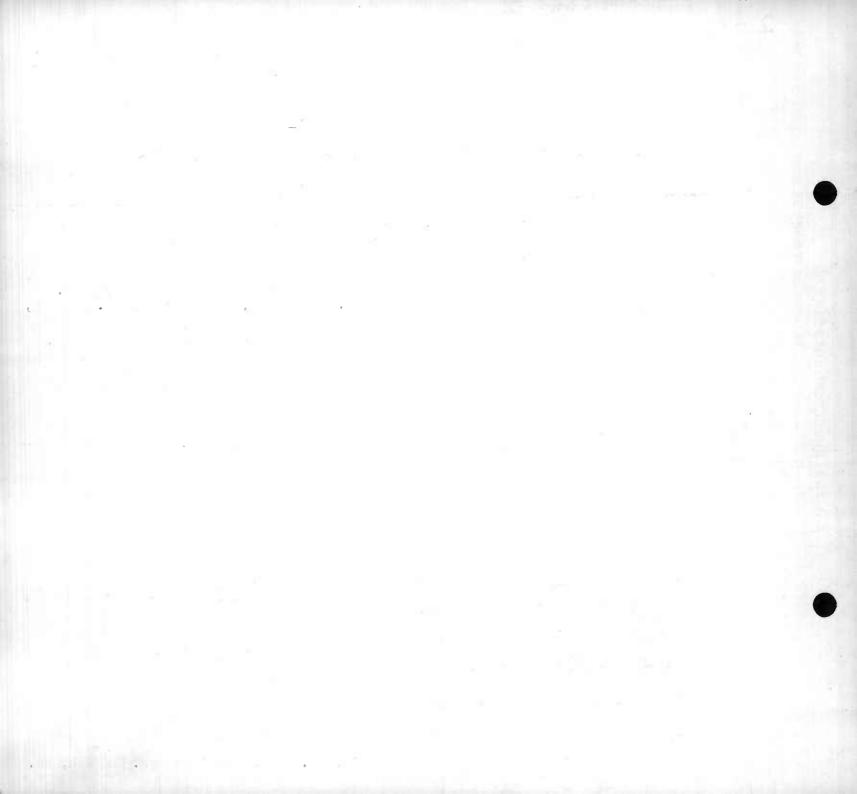
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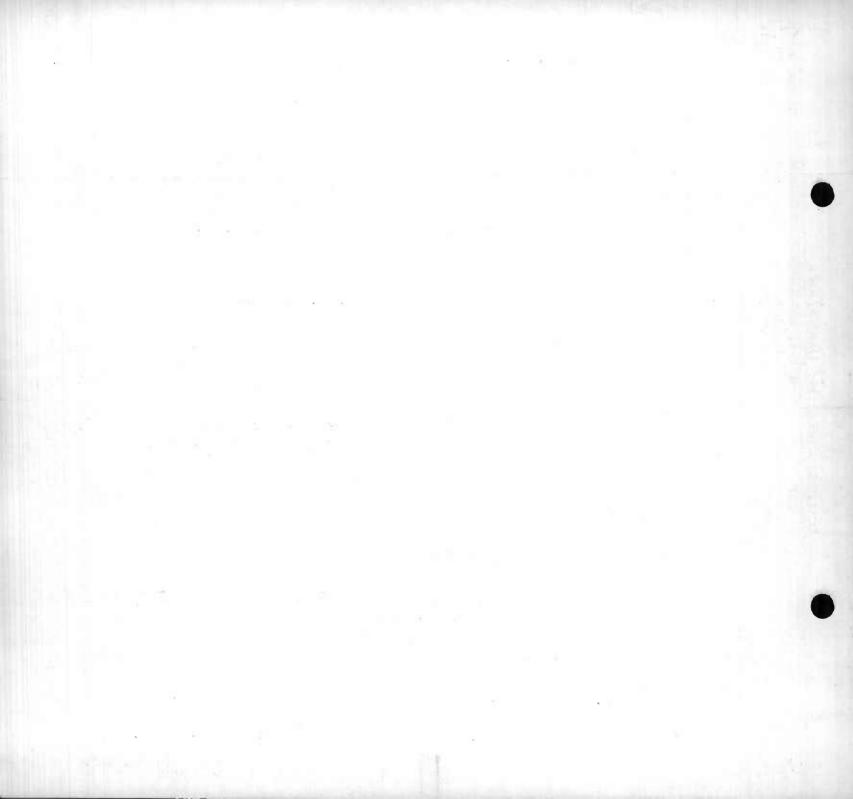
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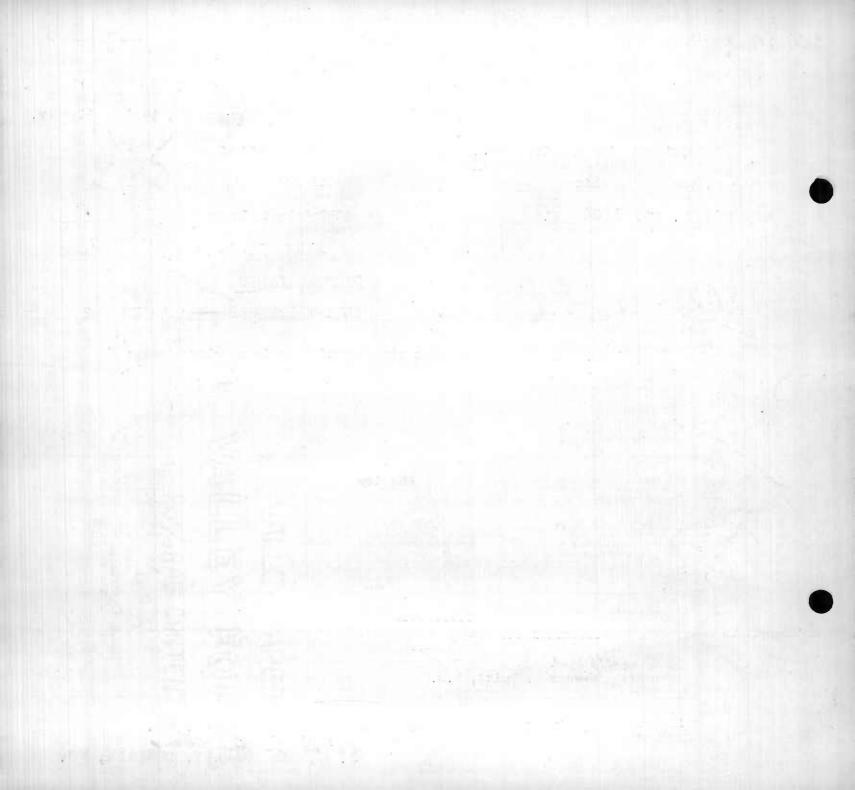
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3- 1885	BALTIMORE CITY HEALTH DEPARTMENT
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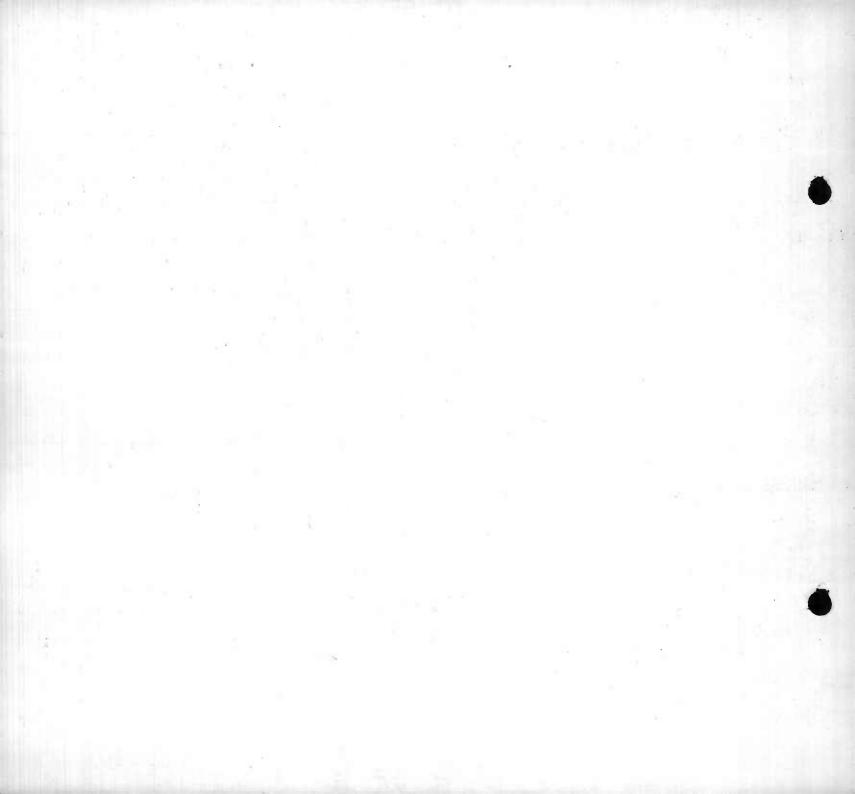
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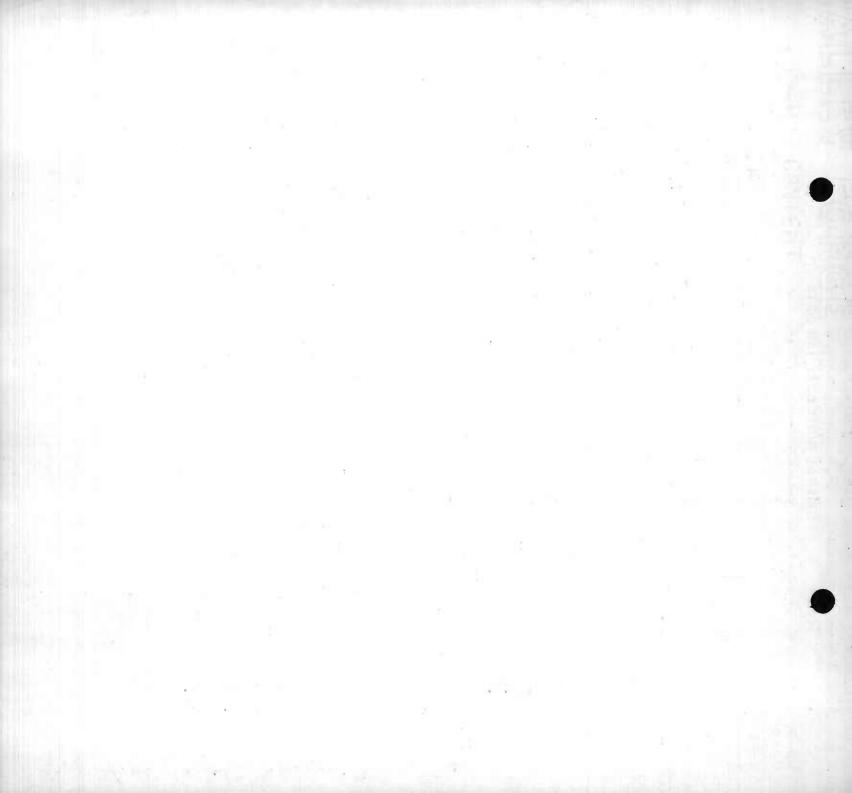
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(Type or Print) LE THA	LEWIS		EDWARDS	OF DEATH	Estimated	Febru	ary 16,	1968	11:20 B
	IMORE, MARYLAND, W	HERE PRONG		3. DATE		Month	Doy	Yeor	Haur
FULL NAME OF	(IF NOT IN HOSPITA	L OR INSTITUTI			NCED DEAD E				11:20 P.M.
HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	TION)					16, 19		
OK INSTITUTION				A. STATE	SIDENCE (Where		d. If Institution:	residence b	etore admission)
Baltimor	e City Hospit	tal (DOA	1)		yland 2	1222			
	7. RACE		XNEVER MARRIED	C. CITY OR			USIDE CITY	LIMITS2	1
female	white	WIDOWED [Ra1	timore		PES	TX	A FOR
9. DATE OF BIRTH			nder 1 Yr. If Under 24 Hrs.			-	100	EN P	
The state of the s	_ last birthday		ths Days Hours Min.						
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NORTH	CAROLINA		USA		ALEX LI	EWIS			
14A.USUAL OCCUI	ATION (Give kind of wark)	48. KIND OF	BUSINESS OR INDUSTR	15. MOTHE					
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IA WAS DECEASE	D EVER IN U.S. ARMED		17. SOCIAL	BIRD 18. INFORM		10	ADI	DRESS	
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19. 4/0	29		CAUSE OF DEA	тн					ROXIMATE INTERVAL
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UNDERLYIN	ABOVE CAUSE (A) STATE CONDITION LAST.	IIING INE	(c)						
6			(c)						
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O THE DEA	TH BUT NOT RELATED TO	THE TERMINAL	Obes	ity					
20A DATE OF	CONDITION GIVEN IN PA		WHICH OPERATION W	AC DEDECTA	ED			21 AUTOF	SY? (Yes or No)
DATE OF	OFERATION 200. COL	ADITION FOR	WHICH OPERATION W	AS PERFORM	ED			21. AUIOF	317 (10001110)
								No	0
O HAIDEBLUING	VAL CAUSE WAS	22B.	PLACE OF INJURY(e.g., e, farm, factory, street, affic	in ar about 2	2C. WHERE DID (If in Boltimore	City, give exact	lacation)	
	□OR CONTRIB- JSE OF DEATH.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, raini, raciory, sireer, and	o ologi, elc.)	TOKT OCCOR.				
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ACTUAL	or/Ille me	6	M.C	ASSI	STANT MEDICAL E	XAMINER [K		DATE STOTLED
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24A. BURIAL CREA		42	C. NAME of CEMETERY	OF CREMATO	RY 24D.	LOCATION	(City, town,	or county)	(State)
REMOVAL (Specif		1 10							
BURIA	2/20	/1968	MEADOWR:		0	DORGE	-		
25A. DATE REC'D	BY HEALTH DEPT.	258. NAME	OF REGISTRAR	25C.	UNEXAL DIRECTO	DR Dend	CeraD	DRESS	
CC	D 10 1000	000	0 Z. O	·W.	BROOKS E	RADLE	Y. DUNI	DALK,	MD.
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VS 151-REV. 1/1/68		1 1 1 1 1 1 1							



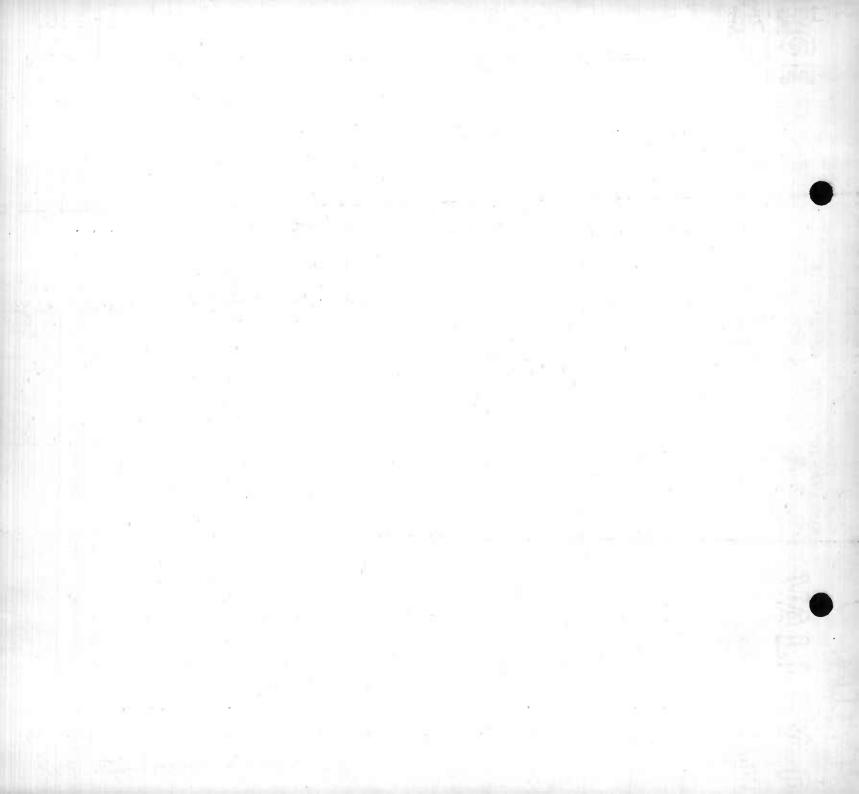
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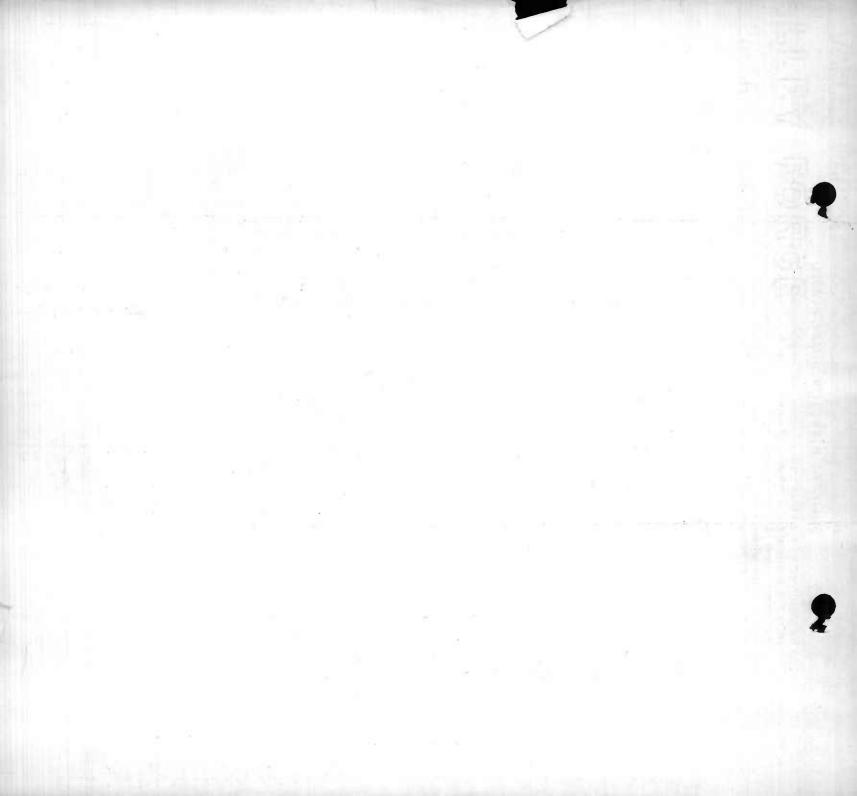
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			174	CII BALLIMONE CII	Y HEALTH DEPARTMENT	1	00 4000
BIRTI	H NO.	60	- 18	CERTIFICA	TE OF DEATH	REG. NO.	68- 1890
	ME OF DECI	ARRY DO	NAL	D FOWE	LE Jeh	14, 1968	530 A
3. PL	LACE IN BALT	IMORE MARYLAND, W	HERE PRON	DUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If inst	titution: residence before admissio
HOS	L NAME OF	ADDRESS OR LOCA	(NOIT	TUTION, GIVE STREET	Maryland c. CITY OR TOWN Westminster		YES E NO
1)				E. STREET AND NUMBER	Ctudat	
S. SE	· ·	6. RACE	7		133 East Main		W W 2 1 1 2 2 2 1 1 1 2 2 2 1 1 1
	ale	white		NEVER MARRIED	June 9, 1900	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
			WIDOWEI		11. BIRTHPLACE (State or fore	ian country)	12. CITIZEN OF WHAT COUNT
done	during most of w	vorking life, even if retired)					
		RR Express	& Fre	eight Office	Carroll County		U.S.A.
	ATHER'S NAA				14. MOTHER'S MAIDEN NA		
		. Fowble			Jennie Smith	1	
S. W Yes,	/as Deceased no or unknown)	Ever in U. S. Armed Ford (If yes, give wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	HR. RALPH G. 16 H CRECINOMA	FEMAN C	OURTST.
	-	NTECEDENT CAUSES					
ICATION	UNDERLYING JG 3 X OTHER SIGNIFI TO THE DEATI	R CONDITIONS, if obove couse (A) CONDITION last. II ICANT CONDITIONS COINT NOT RELATED TO THE ONDITION GIVEN IN PARTOPERATION 179B. CONDITION 179B. CONDITIO	ony, givin stoting the NTRIBUTING HE TERMINAL T 1 (A).	(C)	A CONSEQUENCE OF:	208. IF YES, WERE FII	NDINGS CONSIDERED
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IMPORTANT

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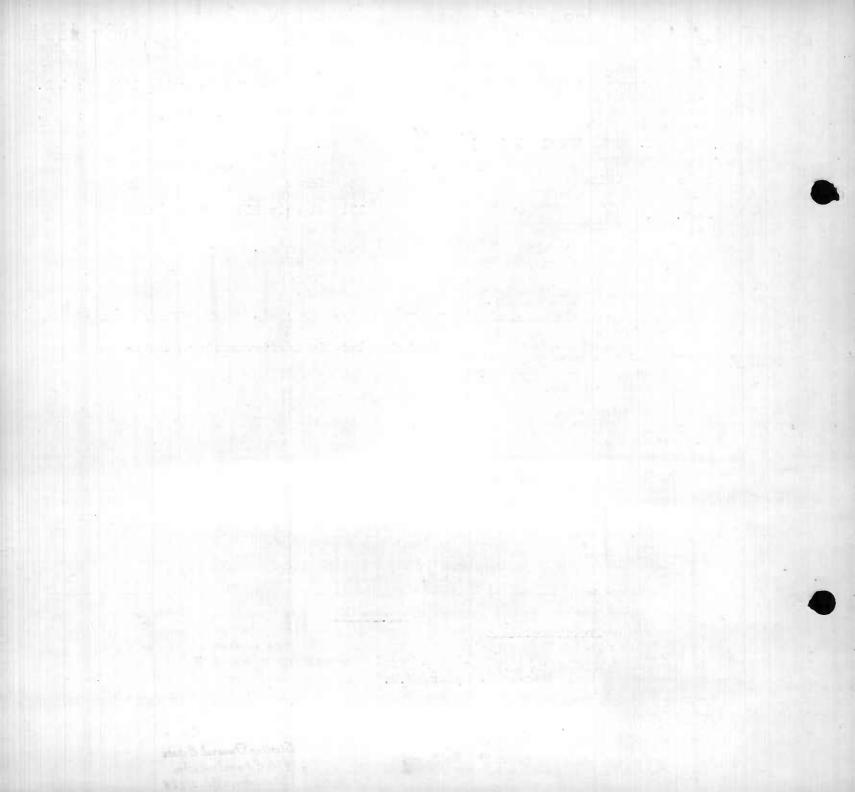
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aller B. Kaiser , MD . THH

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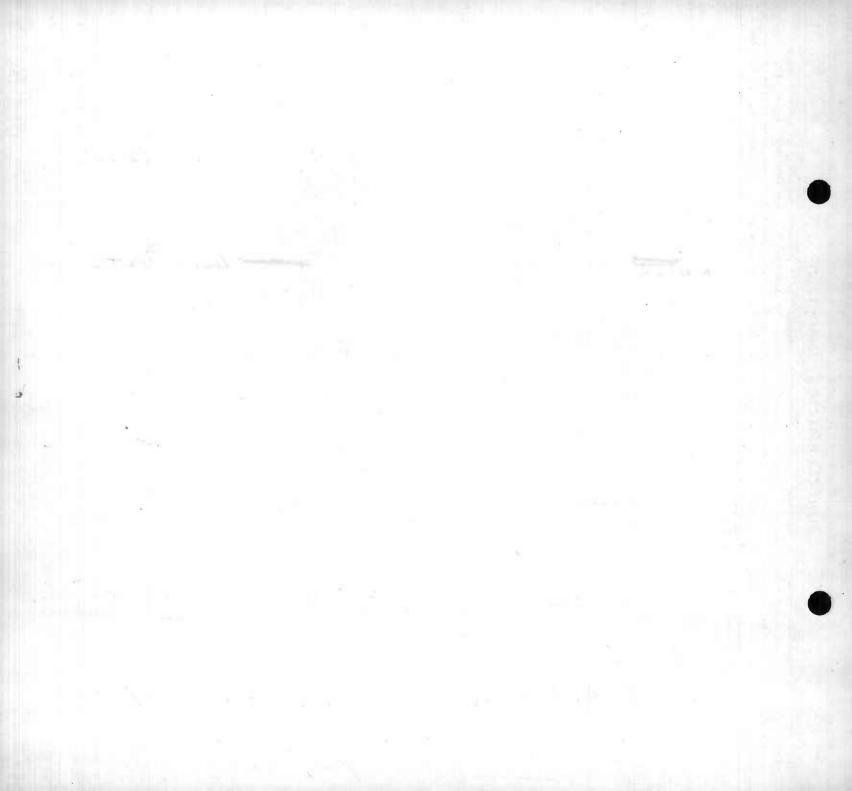
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FULL NAME OF HOSPITAL	(IF NO		LORINS		N, GIVE STREET		JNCED DEAD		bruary 1			05 A. M
OR INSTITUTION ST	. AGNES	HOSPI	TAL	(DOA	.)	5. USUAL R A. STATE	Marylar		B. COUN		A IN	admission)
6. SEX	7. RACE		8. MAR	RIED D	NEVER MARRIED	C. CITY OR			D. INSID	E CITY LIMI	TS?	ia ca
Male	Whit	e	WIDO	_		Ral i	imore			YES X	NO [
9. DATE OF BIRT Jan. 9,	"	10. AGE (In	vears	If Un	der 1 Yr. If Under 24 Hrs. ns Doys Hours Min.	E. STREET	ND NUMBER		Ellico			13-02
11. BIRTHPLACE (٠.,	1	TIZEN OF	13. FATHER	SNAME					0000
				D OF B	USA USINESS OR INDUSTRY		rles W		er			
done during mast of v	varking life, ev	en if retired)										
auto m					repair 17. Social	18. INFOR	Coste	r		ADDRESS		
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OTHER SIGN TO THE DE. DISEASE OF 20A. DATE OF	IFICANT CON	II	NITRIBI	TINIC								
TO THE DE	ATH BUT NOT	RELATED TO	THE TERM	MINAL								
20A. DATE O	CONDITION F OPERATION				VHICH OPERATION WA	S PERFORM	FD			21 A	IITOPS V2	(Yes or No)
8				TOK .	THE OF EXAMENT IN	TO FERTORIA				71. 7	Yes	
₹ 22A. FXTER	NAL CAUSE	WAS		228 P	LACE OF INJURY (e.g.,	in or obout 2	2C WHERE D	ID (16 to 8a)	himasa City, sly	a avast losati		
UNDERLYING UTING CA	OR CON	TRIB-	l.e.	ham e,	farm, factory, street, affice	e bldg., etc.)	VIURY OCCU	R?	armore City, give	e exoci locali	311)	
OF INJURY	(Manth) (D	ay) (Yeor) (Hou	'	E.INJURY OCCURRED		2F. HOW DID	INJURY	OCCUR?			
(APPROX.)					ORK NOT	ORK						
23.	ify that I he	eld an Ir	nquiry [Inspection Au	tapsy 🛚 🗓	and that a	ın this bo	sis, death In	my apinio	n	
resul	ted from: N	atural cau	ses X	Ac	cident Suicid	le Ho	mlcide 🗌	Undet	ermined mann	er 🗌		
	A. A						CHIEF MEDIC	AL EXAMIN	NER			
ACTUAL		PLAN	- 6	_	77	ASSI	STANT MEDIC	AL EXAMIN	NER 🗷		DATE	SIGNED
EXAMIN NAME (1	ER'S	W	ernei	r U(Spitz, M.D.		CIATE MEDIC	AL EXAMIN	NER 🗌		2-1	.5-68
24A BURIAL CRE	MATION. 2	4B. DATE		240	NAME of CEMETERY	ar CREMATO	PRY 2	4D. LOCAT	ION (City,	town, ar co	unty)	(State)
REMOVAL (Speci Burial	F				Woodlawn	Cemet	ery	Balt	imore.	Mary	Land	
25A. DATE REC'D	BY HEALTH [DEPT.	25B. N	NAME	OF REGISTRAR	25C. I	UNERAL DIR	ECTOR	neral Estat	ADDRES	5	
EF	B 191	968	0	A- P	Fa Dentil		73	5 Edma	neral Estat	4		
VS 151-REV. 1/1/68	3					mn- I	Cot	onsvill=	Md. 21222	0		
								L J Children	- Mu. 21226	2		



VS 150-REV. 1/1/68

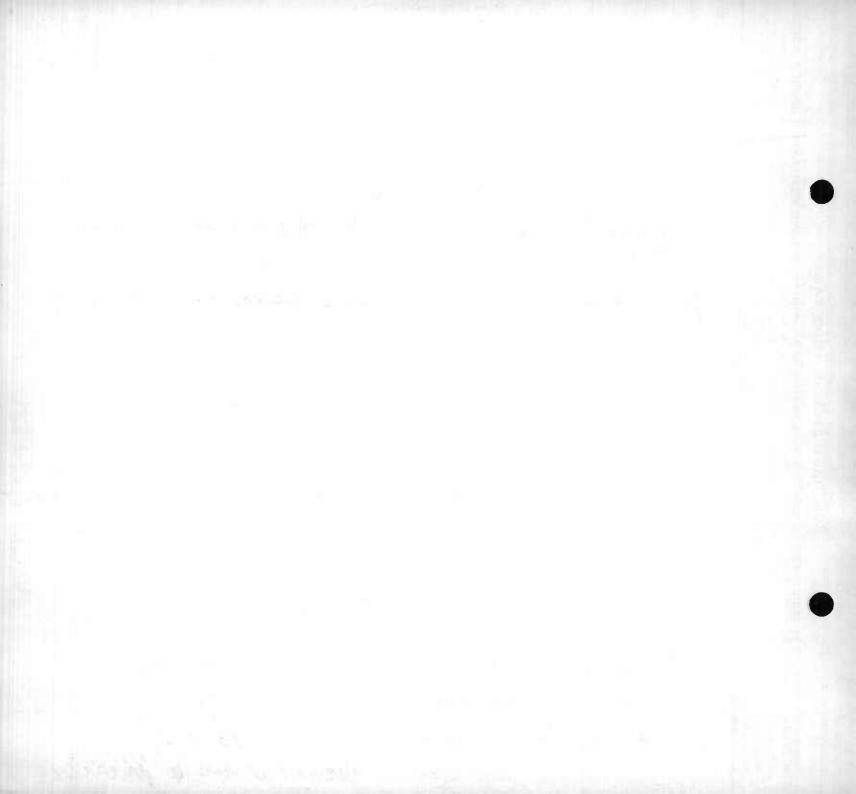
00 8	BALTIMORE CIT	HEALTH DEPARTMENT		3000
68- 1	CERTIFICA	TE OF DEATH	REG. NO	65- 1895
BIRTH NO.	OEKTII TO		HOUR OF DEATH	
Type of Pint Type Rec	2W2	17	Feb 6	8 1315 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If	institution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR IN	ISTITUTION, GIVE STREET	Md. Bal	T.City	for home boy
HOSPITAL OR ADDRESS OR LOCATION)	12 m. 1	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
University Hosp, B	all., ruci.	E. STREET AND NUMBER		YES Z NO
3 8		1231 Sarg	1ean/	(21223)
	RIED NEVER MARRIED DIVORCED		ost birthdoy)	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10 B. KIN		11 BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNT
Secretury Ba	IT, Box Co.	W. Va-		USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE .	2
Smeeks		Hopmon	a anna	Matthewson
5. Was Deceased Ever in U. S. Armed Farces?	T 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of serv	7 SECURITY NO.	BeTTy Bro	wn	above
18.	CAUSE OF DEA	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY				1
LEADING TO DEATH	ANNA SPIATE CA	USE DO DIVINGED AN	a Mouse	Unthay y
(This daes not mean the made of dying,	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	sa J. J. Francis	
heart failure, asthenia, etc. 11 means the disc injury ar camplication which coused deoth.)	ose,			
ANTECEDENT CAUSES		Carcinina.	luna	
DISEASES OR CONDITIONS, if ony, gi	(B)	Carcinume S A CONSEQUENCE OF:	hury	
rise to the above cause (A) stating				
UNDERLYING CONDITION last.	(c)			
z 763X II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINATION OF THE TERMINATION		May and the second		
DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B, IF YES. WER	FINDINGS CONSIDERED
19A. DATE OF OPERATION 198. CONDITION I		-90	IN CERTIFYING C	AUSES OF DEATH?
J 21 A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(If In Boltim	ore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?		
21D.TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.)	While At Not Wh			
22	lad the decount form	E Feit	0 (C.	12 Feb 1968
22. I certify that (I) (this hospital) attend		Page 1	965 10	
that (I) (we) last saw the deceased alive			of in (my) (our) o	pinlan death occurred an the de
and hour and from the causes stated above	ve. (1) (We) (did) (did nat)	view the bady after death.		
23A SIGNATURE	. 1×			23B. DATE SIGNED
C. M. Cmalin	DEGREE PH	ys. Director U	Staff Phys.	1756668
23C. PHYSICIAN'S NAME ITHE	1 1/1	23D. ADDRESS	0	
C.M. Anders	DEGRE	Univ. Ho	m. 130	er., mel
	IC. NAME OF CEMETERY OF C	REMATORY 24D. LC	CATION	City, town, or county) Stote)
REMOVAL (Specify) 2/20/68	Root in not	1 fam. 7.	offin or o	mid.
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERALIDIRECTOR	compose of	ADDRESS M
FED 10 1068 AD. B	E TONKU	Volum 4. 6	· mu edmi	Duci. 7860-

23,7WC.



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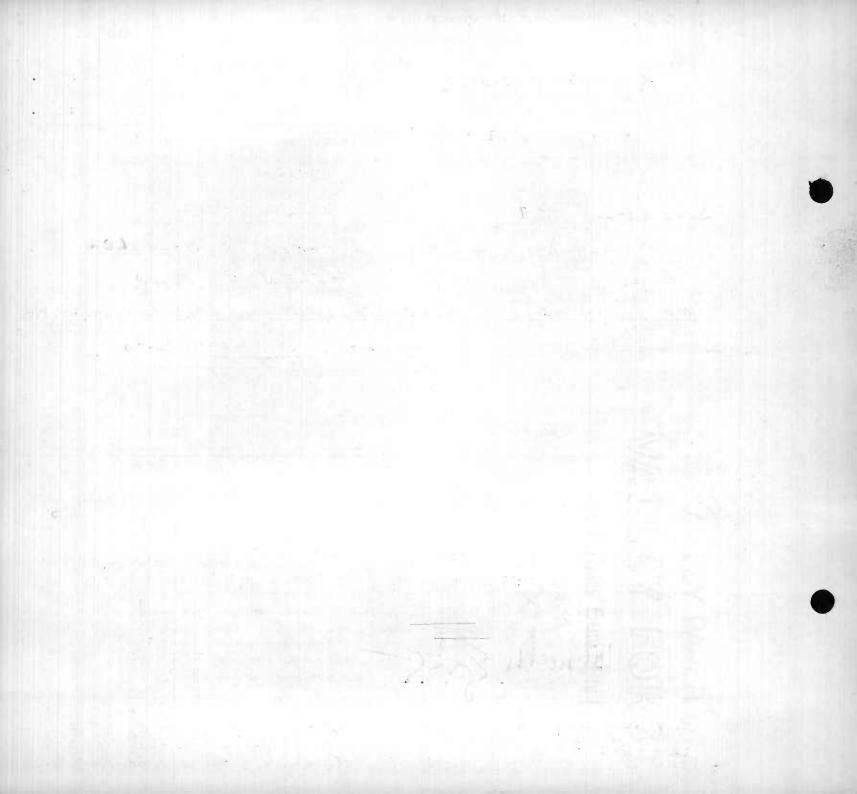
17-71	110		ITY HEALTH DEPARTMENT		00 4000
000	68	- 1899 CERTIFIC	ATE OF DEATH	REG. NO	68- 1899
BIRTH NO.	90	LOGO CERTIFIC	ATE OF DEATH		
1. NAME OF	DECEASED		2. DATE A	ND HOUR OF DEATH	
trype or ran	LYDIA M.	DIEGET.	Feb	.14 1948	1 3.30 P. M.
3. PLACE IN	BALTIMORE, MARYLAND, W			ere deceased lived. If	institution: residence before admission)
FULL NAM HOSPITAL C	E OF (IF NOT IN HOSPITA OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	Maryland c. City or town	D. IN	SIDE CHATTANTIS?
38	D.O.A. Un	iversity Hospital	Baltimore E. STREET AND NUMBER		YES NO NO
99			2900 Hollins	Ferry Road	21230
5. SEX	6. RACE	7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Femal		WIDOWED DIVORCED	July 5, 1901	66	
	OCCUPATION (Give kind of work lost of working life, even if retired)	108. KIND OF BUSINESS OR INDUST	TRY 11. 8IRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
Hous	sewife			, Maryland	U. S. A.
13. FATHER'S	SNAME		14. MOTHER'S MAIDEN NA	ME	
Herr	man Mielke		Henrietta Al	brecht	
15. Wos Dec (Yes, no or un	eosed Ever in U. S. Armed Fore known) (If yes, give wor or dote:	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 21236
No			Mr. William H	. Diegel 89	30 Carlisle Ave.
18. 4/D	SEASE OR CONDITION DIE	CAUSE OF DE	3		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A)IMMEDIATE O	CAUSE Massive, ma	pocardial in	fareting 3 min.
	oes not meen the mode of	dying, e.g., DUE TO, OR	AS A CONSEQUENCE OF:	1	
	vilure, osthenio, etc. It meons	deoth.)	0	V	
	ANTECEDENT CAUSES	D-+	eres cleratic h	1	
210510		(B)	cresscence h	ran dese	ace
	ES OR CONDITIONS, if (The obove couse (A)	only, giving	AS A CONSEQUENCE OF:		
	LYING CONDITION lost.	(c)			
110	13 / 11	(~/************************************			
Z OTHERS	G / / II	NTRIBITING			
¥ TO THE	DEATH BUT NOT RELATED TO TH	IE TERMINAL			
V DISEASE	OR CONDITION GIVEN IN PAR	TI (A). DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	ol 208 IF YES WEDE	FINDINGS CONSIDERED
THE TOP TOP TO THE TOT	WAS PERF		ZOM. AUTOPST! (Tes of In	IN CERTIFYING C.	AUSES OF DEATH?
OR CON	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF	21B. PLACE OF INJURY (e. home, form, factory, street, etc.)	g., in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If In Soltimo	ore City, give exact location)
D 21 D. TIM	AE (Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJU		While At Not W	Vhile C		
22. I ce	ertify that (1) (this haspital) ottended the deceosed from	Feb 14,	1968 to FR	6-14 1968,
	-	d olive on Feb 14,	1968 ond t		pinlon death occurred on the date
ond has	ur and from the causes stat	ed obove. (1) (We) (did) (did not		-4	
23A, SIG		(,, (,), (,), (,), (,)	, , , , , , , , , , , , , , , , , , , ,		23B, DATE SIGNED
-9	4: 0 + 7 (M. X.	Attending Med. Director	Shaff	
220 844	Ilbert M.	arouge DEGREE	Attending Med. Director 23D. ADDRESS	Phys. —J	Feb. 15, 1968
NA.	ME (Type)	0	2 N. Char	ces St., E	Baltimore 1. Mol
24A. BURIAL	CREMATION, 24B. DATE	24C. NAME of CEMETERY of	KEE	LOCATION	City, town, or county) (State)
Bur	2/17/6	8 Loudon Park (Cemetery E	eltimore, M	aryland
	REC'D SY HEALTH DEPT.		25C. FUNERAL DIRECTO		ADDRESS 21225
FEB	19 1968 Rober	25B. NAME OF AGISTRAR			237 Patapsco Ave.
VS 150-REV.	1/1/68			3	

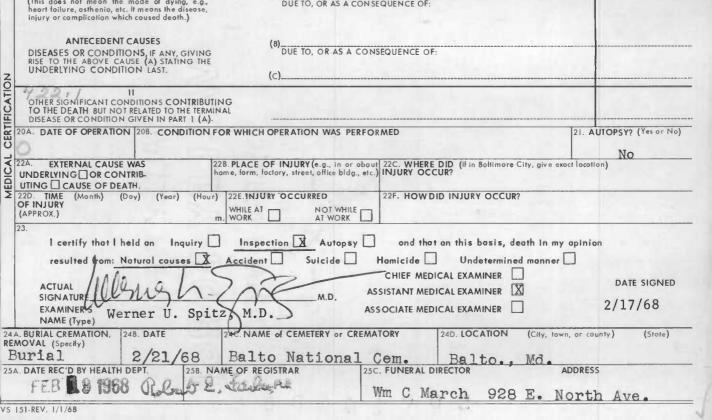
Sunt m. Carrye MD.

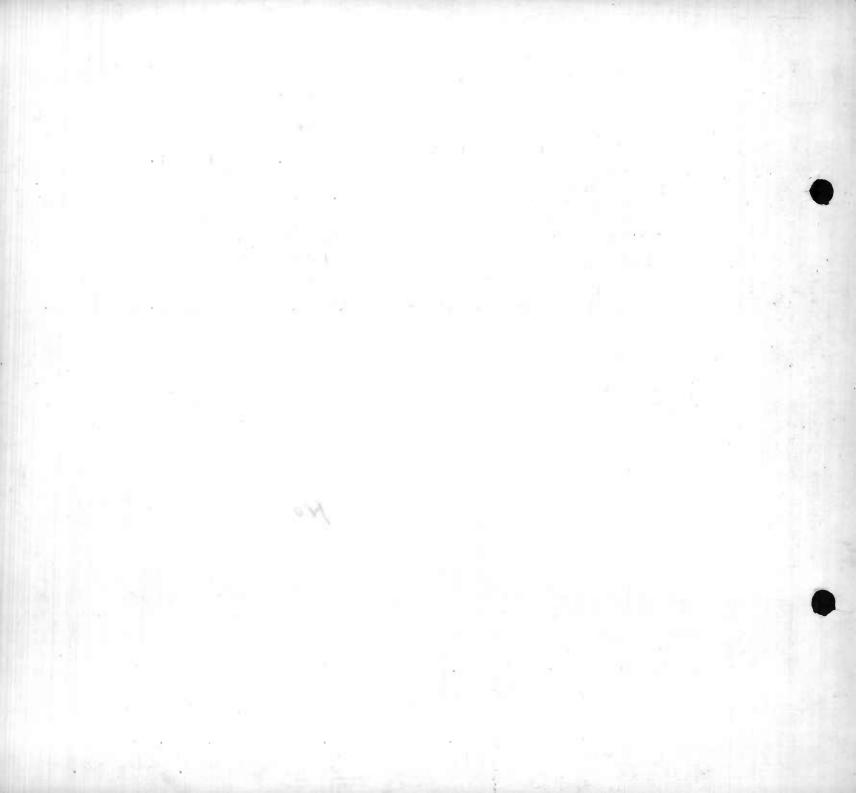
259 NAME OF REGISTRAR

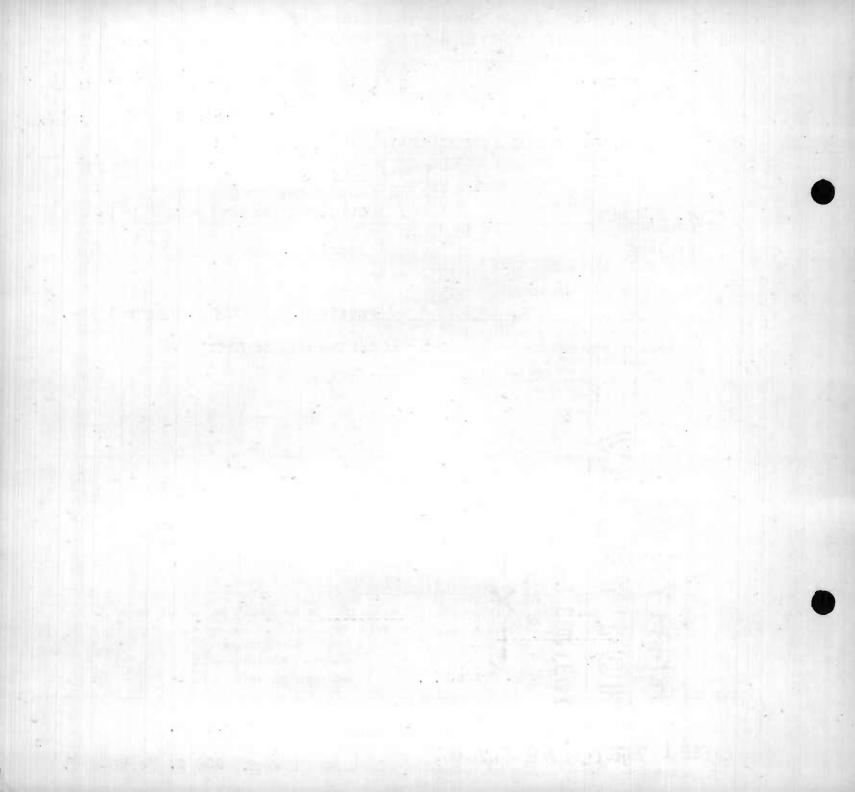
25A. DATE REC'D BY HEALTH DEPT.

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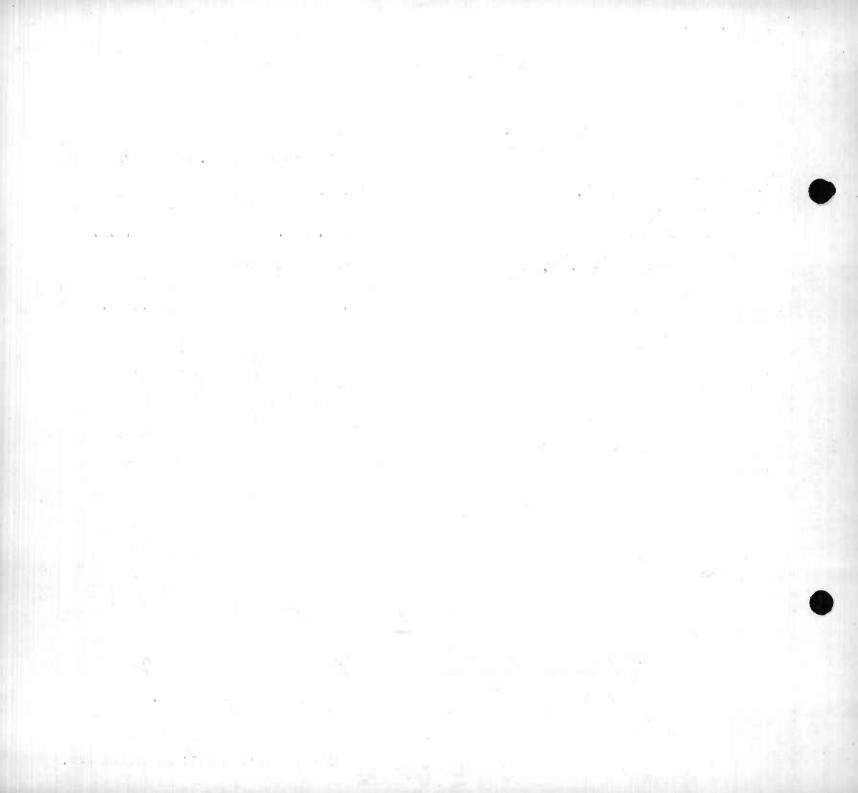
10 63 O CC.		HEALTH DEPARTMENT		68- 1907
NAME OF DECEASED	1907 CERTIFICA	2. DATE	AND HOUR OF DEA	
1/	APRIOTT		15-68	15 P
FULL NAME OF HDSPITAL DR oddress or location) INSTITUTION CHARLES OF LIST IN the Assistance of the As	stitution, give street	A. STATE B. CE	OUNTY f outside city limits, wri	I institution: residence before odmissi
3 Security Comp	Bul.	D. STREET ADDRESS	(If rural, give location)	J 0 (
	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	2-18-20	AGE (In years last birthday)	If Under 1 Yr. If Under 24 I Months Doys Hours Min
OA. USUAL OCCUPATION (Give kind of work 108.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	fareign country)	12. CITIZEN OF
lane during most of working lile, even if retired)		plangla		WHAT COUNTRY?
3. FATHER'S NAME	1.5	14. MOTHER'S MAIDEN		
DAVID SINGLE	TON	FRANC	IS HAR	RIS
5. Was Deceased Ever in U. S. Armed Farces? 'es,no or unknown) III yes, give war or dates of	service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
18. > 9 41 9 1	CAUSE O	F DEATH		INTERVAL BETWEEN
(This does not mean the made of dyin heart failure, asthenia, etc. It means the injury or complication which caused dea ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the abave cause (A) stat UNDERLYING CONDITION tost.	disease, Ih.) (B) Hez DUE TD giving		englo3	
DTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TD THE	20A. AUTOPSY? (Yes o		RE FINDINGS CONSIDERED
WAS PERFORM	AED		IN CERTIFYING	CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CA	21 B. PLACE OF INJURY le.g., i hame, larm, lactary, street, o etc.)	n ar about 21C. WHERE DI fice bldg., INJURY OCCUP	D (If in Bolfin	mare City, give exact lacotian)
21D. TIME (Manth) (Day) (Year) (H.	our 21E, INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?	
OF INJURY (APPROX.)	While At Not While	е		
	Work At Work)	16	Tab 15 to
22. I certify that (I) (this hospital) at		1aw 50		teb 15 1968
that (1) (we) lost saw the deceased al				opinion death occurred on the
and hour and from the causes stated a	bove. (1) (We) did (did not)	iew the body ofter dea	th.	
23A. SIGNATURE	aum			23B. DATE SIGNED
pe 1. Ma	Caspul M.D. Att	s. Med. Director	Stall Phys.	212-68
23C. PHYSICIAN'S NAME IType! 5 M DI.	509 M.D.	Church (me & p.	op .
4A. BURIAL CREMATION, 24B. DATE REMOVAL ISpecify 2/19/68	24C. NAME of CEMETERY OF CRI	MATORY 241	Balter	(City, town, or county) (Stor
5A. DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAR	25C. FUNERAL DIREC	TOR a King	e leb/W Bar
THE A PERSON OF THE PARTY OF TH	Can I still Company and many	- recele		/
\$ 150-REV. 1/1/65			1 .	

le Persona There I want I want 15 lands of 8 2-18-20 V0367 147 Margaret 41 1 16 Morrostowers FRANCIS NABOLIS DAND SINGLETON Palmenay East Head to the 1 100782 2 - 17 Fremonding of a fee 3 32-66 Joseph O March 1000 JOSE 5 414/16 9 chard those o though

IMPORTANT

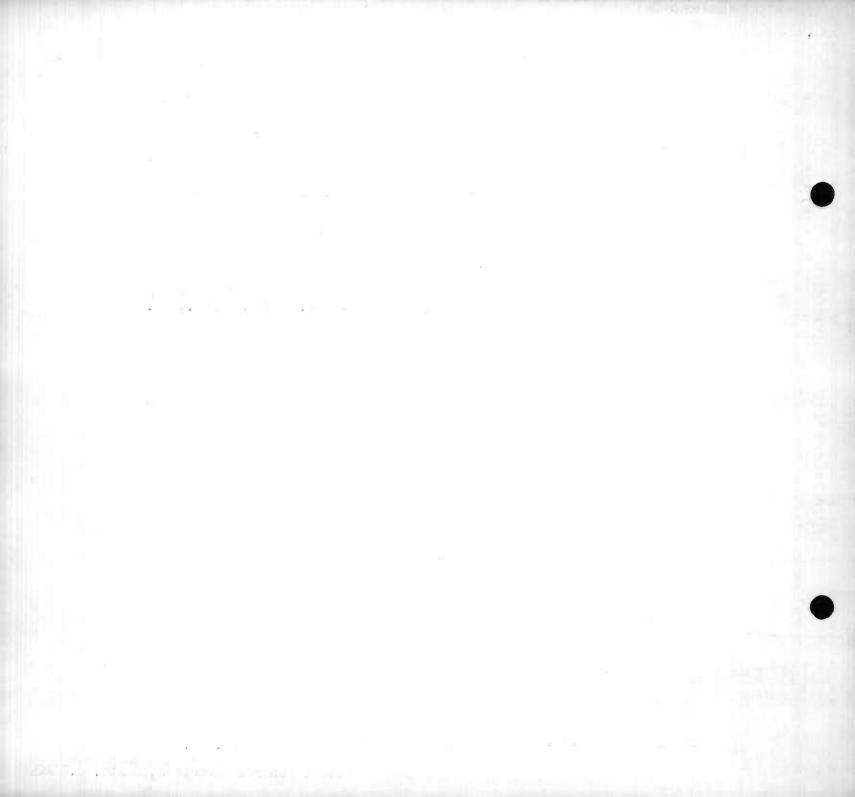
DIRECTOR:

FUNERAL

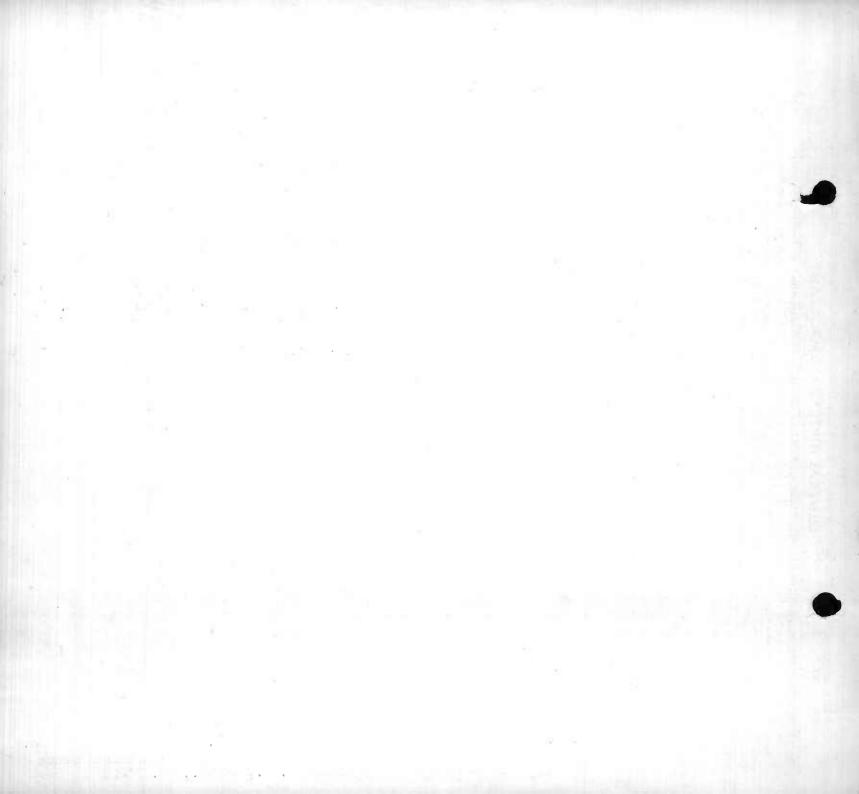


	ALTIMORE CITY HEA			
MEDICAL EX	AMINER'S C	CERTIFICATE OF DE	ATH	68- 1909
BIRTH NO.			REG. NO.	
1. NAME OF DECEASED (Type or Print) ALFRED G. SCHM	IDT	2. DATE Known K Mon OF Estimated Feb	ruary 16, 1	Yeor Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	3. DATE Mor	nth Doy	Yeor Hour	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD Feb 5. USUAL RESIDENCE (Where decen	ruary 16, 1	147	
721 N. Appleton S	treet	A. STATE Maryland	B. COUNTY	6111
6. SEX 7. RACE B. MARRIED	NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CI	TY LIMITS
Male White WIDOWED	DIVORCED [Baltimore	YE	s X No
	er 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER		
10-6-86 lost birthdoy) Months	Doys Hours Min.	721 N.Applet	on Street	
	IZEN OF	13. FATHER'S NAME		
Manufland	HAT COUNTRY?	Tales Cales 4 14		
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BU	S.A.	John Schmidt 15. MOTHER'S MAIDEN NAME		
done during most of working life, even if retired) Retired Clerk		Catherine Schmid	+	
16. WAS DECEASED EVER IN U.S. ARMED FORCES?	7. SOCIAL	18. INFORMANT	704 A A	opress eton Street
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	Mrs. Ida A. Schmi	721 Apple	Ma Street
19. 22 19 9	CAUSE OF DEAT		do baroo.	APPROXIMATE INTERVAL
7 /0(1)		losclerotic cardiov	occulor dia	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	ALLELI	oscierotic cardiova	ascular uls	ease
(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE C	AUSE AS A CONSEQUENCE OF:	****	
heort follure, osthenio, etc. It meons the disease, injury or complication which coused death.)	DUE 10, OR A	AS A CONSEQUENCE OF:		
injury of complication which coused dealit.)				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO, OR	AS A CONSEQUENCE OF:		
UNDERLYING CONDITION LAST	(c)			
0 4 20 1	/ www.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR W				
20A. DATE OF OPERATION 20B. CONDITION FOR W	HICH OPERATION WA	S PERFORMED		21. AUTOPSY? (Yes or No)
18				No
Z2A. EXTERNAL CAUSE WAS 22B. PL	ACE OF INJURY(e.g.,	in or obout 22C. WHERE DID (If in B	oltimore Cltv. give exo	
UNDERLYING OR CONTRIB-	arm, foctory, street, office	bldg., etc.) INJURY OCCUR?	21,7, 9	
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E	INJURY OCCURRED	22F. HOW DID INJURY	OCCUP?	
OF INJURY		WHILE C	OCCOR	
(APPROX.) m. WO				
I certify that I held on Inquiry	nspection X Aut	tapsy and that an this b	asis, deoth in my	oninion
	ident Suicid			
resulted fram: Natural causes Acc	ident Suicia		termined manner	
ACTUAL (//)		CHIEF MEDICAL EXAM		DATE SIGNED
SIGNATURE COME	M.D	ASSISTANT MEDICAL EXAM		
EXAMINER'S Charles S. Spring	gate, M.D.	ASSOCIATE MEDICAL EXAM	iner 📙 Feb	ruary 16, 1968
NAME (Type)	NAME - COMPTERY	CREMATORY	TION (a	(6)
24A. BURIAL CREMATION, 24B. DATE 24C. REMOVAL (Specify)	NAME of CEMETERY	ar CREMATORY 24D. LOCA	(City, fown	n, or county) (Stote)
D. 1-3	Loudon Park	Cemetery Balto	., Md.	
	F REGISTRAR	25C. FUNERAL DIRECTOR	Al	DDRESS
	Fra Charles	Mitale Francis	4101 Ed	mondson Avenue, Balto., Md 21229
1 1000 17 1 1 1	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED I	MI ONE PUBLET	DIT. ec col.2	, DOLLOO , MA RIKES

NAME OF DE	CEASED		2. DATE A	AND HOUR OF DEAT	TH	-
ype or Print)	Marjori	e Lewis	2	-16-68	2:44) F
FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospital oddress or location) Agnes Hospital	or institution, give street n)	Baltimor C. CITY OR TOWN (IF & Bal	e Maryl	f institution: residence before	odmi s
sex Female	White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	B. DATE OF BIRTH 1-19-91	9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under Months Doys Hours	er 24 M
	of working life, even if retired)	TOB, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stole or lo	reign country)	12. CITIZEN OF WHAT COUNTRY?	
FATHER'S NA	AME		14. MOTHER'S MAIDEN N	AME		
W P	4 E	Garret				
es, no or unknow	ed Ever in U. S. Armed For vn) (II yes, give wor or dote	16. SOCIAL SECURITY NO.	Ralph J. Lewi	5100 Bro	ookgreen ADDRESS Md. 21229	
1B. 44 /	2,9	CAUSE	OF DEATH	, , , , , , , , , , , , , , , , , , , ,	INTERVAL BETW	
DISEA	ASE OR CONDITION DIS LEADING TO DEATH	RECTLY	AS.CV	7	ONSET AND D	EMII
heort foilure	not meen the mode of a, osthenio, etc. It meens implication which coused ANTECEDENT CAUSES	the disease, death.)		N		0
DISEASES rise to t UNDERLYIN OTHER SIGN TO THE	not meen the mode of a, osthenio, etc. It meens omplication which coused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION lost, II NIFICANT CONDITIONS CODEATH BUT NOT RELA	dying, e.g., the discose, deoth.) (B) DUE TO ony, giving stoling the CONTRIBUTING ATED TO THE				
DISEASES rise to t UNDERLYIN OTHER SIGN TO THE DISEASE OI 19.4 DATE O	not meen the mode of a, osthenio, etc. It meens implication which coused ANTECEDENT CAUSES OR CONDITIONS, if he above couse (A) NG CONDITION lost. II NIFICANT CONDITIONS CAUSING A CONDITION CAUSING I	dying, e.g., the disease, death.) (B) DUE TO ony, giving stoling the CONTRIBUTING ATED TO THE T. DITION FOR WHICH OPERATION		No) 20B. IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?	
DISEASES rise to the UNDERLYIN OTHER SIGN TO THE DISEASE OF DISEA	not meen the mode of a, osthenio, etc. If meens implication which coused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION tost. II NIFICANT CONDITIONS CONDEATH BUT NOT RELATE CONDITION CAUSING IN OF OPERATION [198. CONDITIONS CONDI	dying, e.g., the discose, deoth.) (B) DUE TO ony, giving stoling the (C) ONTRIBUTING ATED TO THE T. DITION FOR WHICH OPERATION FORMED		No) 20B. IF YES, WER IN CERTIFYING C	RE FINDINGS CONSIDERED	
DISEASES rise to t UNDERLYIN OTHER SIGN TO THE DISEASE OF 19A. DATE OF 21A. ACCID OR CONTRIE DEATH (not)	not meen the mode of a, osthenio, etc. If meens implication which coused ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) NG CONDITION lost. I NIFICANT CONDITIONS CONDEATH BUT NOT RELAR CONDITION CAUSING A CONDITION CAUSING TO PERATION 179B. CONWAS PERIOR ON CAUSING BUTING CAUSE OF CAUSE OF CAUSE OF	dying, e.g., the discose, deoth.) (B) DUE TO ony, giving stoling the (C) CONTRIBUTING ATED TO THE IT. DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., home, lorm, loctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	No) 20B. IF YES, WER IN CERTIFYING C	RE FINDINGS CONSIDERED CAUSES OF DEATH?	
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A	F-H	68- 1911 CERTIFICATE OF DEATH REG. NO. 68- 1911	
4	che the	BIRTH NO.	
	of death Obcease e on the	Type or Print MR. Joseph Fitzgibbons 2. Date and Hour of Death 8/17/68	2 ~
* 44	of of of ath	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission and the second second lived. If institution: residence before admission and the second lived. If institution is residence before admission and the second lived. If institution is residence before admission and the second lived. If institution is residence before admission and the second lived. If institution is residence before admission and the second lived. If institution is residence before admission and the second lived. If institution is residence before admission and the second lived. If institution is residence before admission and the second lived. If institution is residence before admission and the second lived is residence before admission and the second lived. If institution is residence before admission and the second lived is residence and the second lived is represented by the second lived is residence and the second lived is represented by the second lived is represe	sion)
	hospi use o (5) D dance deat	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. VISIDE CITY LIMITS?	
	caus caus use; (4 tenda	140 Con il ital Baltimore YES NO	
	ca at	13 180N SECOURS MOSPITAL ESTREET AND NUMBER	
	ibut ibut inec	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost bithdoy) Norths, Days Hours; Mi	Hrs.
0	occo ortr orm regu	MALE White WIDOWED DIVORCED 2/13/89 78 10A. USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote of foreign country) 12, CITIZEN OF WHAT COUNTRY	
	or condition	done during most of working life, even it retired) MARY/AND LISA LISA	CIKI
	de de contra de	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
=	direct; (4) Uth was	JOHN J. Fitzgibbons	
A	stan ind; eat e o	15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 4617 Qld Frederick F	ld.
ORI	assi ny k d d d d	no Mrs. Agnes Fitzgibbons, Baltimore, Md. 212	AL
IMPORTA	his far ince end o	DISEASE OR CONDITION DIRECTLY	EATH
=	All All att	LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: (A) IMMEDIATE CAUSE CERTIFICAL HEMORRITHME 2 WICKS.	
SR:	ner. actu pro pro ular mba	heart loilure, asthenia, etc. It means the disease, injury or complication which coused death.)	
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	dicalical rns; sicia vas	z 331 X II	
RAL	f med medic y burr physi	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	
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5	tal by e; (2) E here t No phy before	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	
	by the pital whe No d be	DEATH (notify medical examiner)	
	hosp natu cept d (6)	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While AI Not While (APPROX.)	
	he he ny n	22. I certify that (I) (this hospital) ottended the deceosed from FEB 15 1968 to FEB 17 1966	P
	of apply of all (ell);	that (I) (we) lost sow the deceased alive an FEB 17, 6,30PM 1965 and that in (my) (aur) apinion death accurred on the	date
	0 70 + + -	ond haur and from the couses stated obove. (I) (We) (did) (did not) view the bady after death. 23A. SIGNATURE	
	5-2-5-	Attending Med. Staff Phys. Director Phys. FEB 17 168	
	was re An ac L at a prior	23C. PHYSICIAN'S NAME (Spe) SOO WOON OF HENG 23D. ADDRESS BEN SEROURS HESPITAL	
	# C 7 7 8	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stot	le)
	F 70 0 5	Burial 2-21-68 New Cathedral Cemetery Balto. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. THINERAL DIRECTOR ADDRESS ADDRESS	
	This ce the boc shows: was D. deceas	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. TUNERAL DIRECTOR 4101 Edmondson Avenue	
		Witzke F. D., Balto., Md. 21229	



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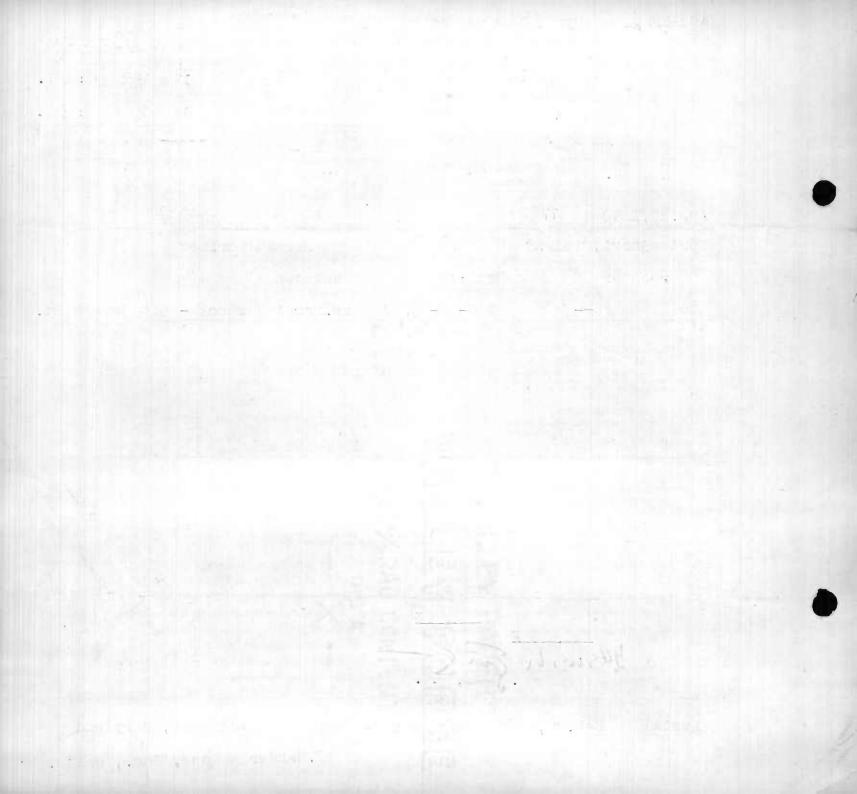
68- 1912 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH REG. NO.	6
			-	REG. NO	-

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	68- 1912
BIRTH NO.	REG. NO.	00 202.10
1. NAME OF DECEASED (Type or Print) PAUL A. WEEDEN	OF DEATH Estimated Tebruary 15,	1968 Haur
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	3. DATE Month Day PRONOUNCED DEAD February 15,	
430 Orchard Street	5. USUAL RESIDENCE (Where deceosed lived. If institution: A. STATE B. COUNTY Maryland	03
6. SEX 7. RACE 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore Dinside Cit	-X
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min. 68		
11/BIRTHPLACE(State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR dane during most of working life, even if retired)	Y 15. MOTHER'S MAIDEN NAME	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na ar unknawn) (If yes give war ar dates af service) 17. SOCIAL SECURITY NO.	IB. INFORMANT AD	DRESS
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CO	AS A CONSEQUENCE OF:	
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I certify that I held an Inquiry Inspection Aurel Suicident Suicident Signature EXAMINER'S Charles S. Springate, M.D. NAME (Type)	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Wateral Doubline	or sounty) (State) DDRESS
VS 151-REV. 1/1/6B	Sen Temp 1112 W	1. North the

of the Late 14.54 1915-14-318 J. 1915-14-3187. . It granded in the second of Some spetter for - leton Boll me Man I so

VS 151-REV, 1/1/68



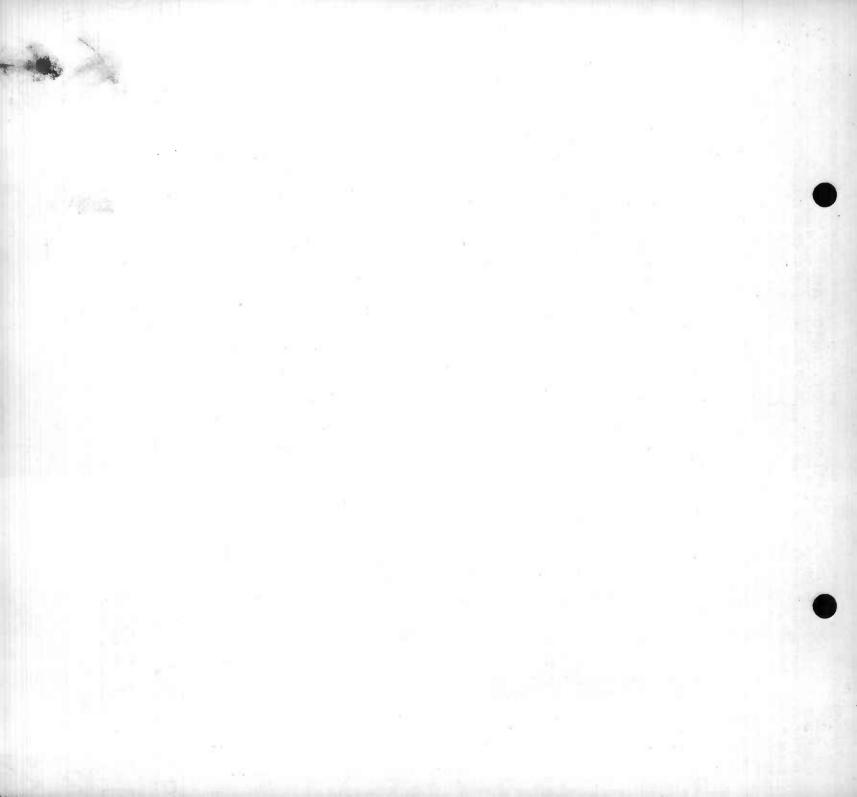
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11 (() ()		BALTIMORE CITY							
H-400 68-	- 191	4 CERTIFICA	TE OF DEATH	REG. NO	68	and the case of			
NAME OF DECEASED				ND HOUR OF DEATH					
Type of Print) Robert Eugene	e Hall		Feb. 15, 1968 7:25 P						
3. PLACE IN BALTIMORE, MARYLAND, WH	4. USUAL RESIDENCE (Where deceased lived. V institution: residence before admission								
ELLI MANACOE - VIC MOT IN MOCOITA					A. STATE B. COUNTY Md.				
FULL NAME OF (IF NOT IN HOSPITA HOSPITAL OR ADDRESS OR LOCAT NSTITUTION	TION)	UTION, GIVE STREET	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
	ino Una	nitol	Laurel YES NO						
US Public Health Servi 3100 Wyman Pk. Drive	rce nos	prtar	E. STREET AND NUMBER						
JOO Wyman PR. Drive			Montpelier Manor (Route 2)						
SEX 6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Months: Do	Yr. If Under 24 Hr			
M W	WIDOWED	DIVORCED	5/4/30	37		,,,,			
OA. USUAL OCCUPATION (Give kind of work)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN	OF WHAT COUNT			
one during most of working life, even if retired)			Md.		US	SA			
Plasterer	Const	ruction	14. MOTHER'S MAIDEN NA	ME					
Ellis Hall			Minnie Fit						
		11 (0.0000			
5. Was Deceased Ever in U. S. Armed Force Yes, no or unknown) (If yes, give war or dates		SECURITY NO.	17. INFORMANT	73.77		DDRESS			
No		213 26 5675	Records- US	PHS Hospita	al, Bali	o, Md.			
18. 207.01		CAUSE OF DEATH		-AVE STREET		APPROXIMATE INTERVAL			
DISEASE OR CONDITION DIRE	ECTLY		Pneumonia			-			
LEADING TO DEATH		(A)IMMEDIATE CAU	SE	1		Days			
(This does not mean the made of heart failure, asthenia, etc. It means to		DUE TO, OR AS	A CONSEQUENCE OF:						
injury or complication which coused									
ANTECEDENT CAUSES		(8)	Acute lev	ıkemia	6	weeks			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if a	deoth.)	(B)	Acute lev	ıkemia	6	weeks			
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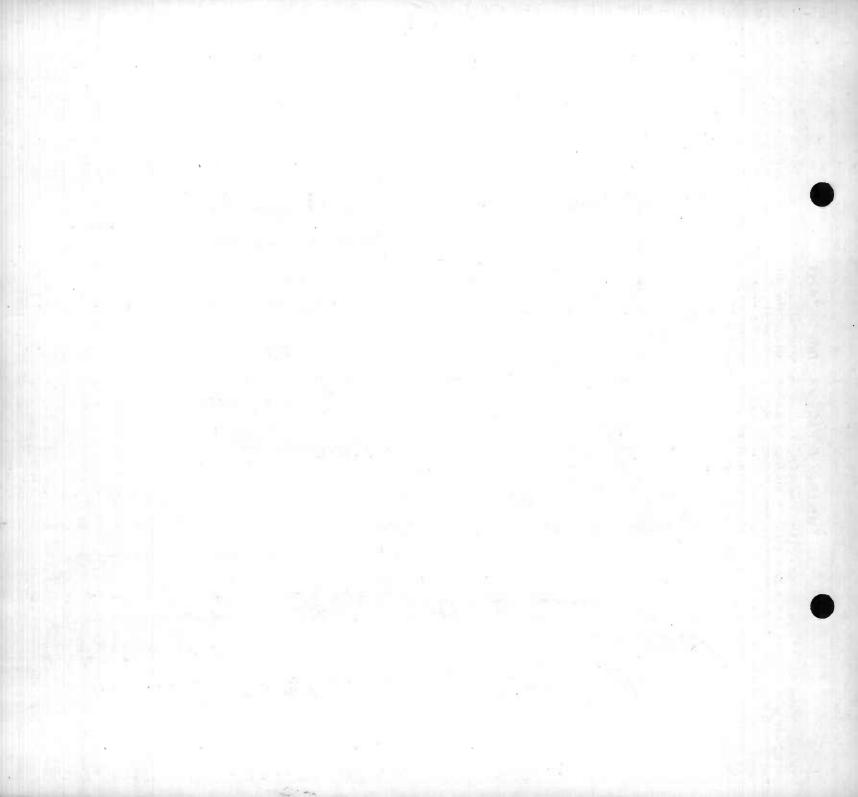


IMPORTANT

FUNERAL DIRECTOR:



30-51-49/ H	ED,		CO 1010 BALTIMORE	CITY HEALTH DEPARTMENT	reg. No. 68- 1916	
5-/ 95	che che	BIRTH NO.	68- 1916 CERTIFIC	CATE OF DEATH	REG. NO. 00 1510	
6 6	Su	NAME OF DECEASED Type or Print) WILBE			JARY 14,1968 250 P. M.	
of	<u> </u>	3. PLACE IN BALTIMORE, MARYLAI	ND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where d	eceosed lived. (f institution: residence before admission)	
hosp	dea	FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR	OSPITAL OR INSTITUTION, GIVE STREET LOCATION)	Maryland c. CITY OR TOWN	D. INSIDE CITY LIMITS?	
0	attend ior to	Baltimore City Hos	oitals	Baltimore	YES X NO	
-= 50 5	prior 3	4940 Eastern Ave.		E. STREET AND NUMBER		
		Baltimore, Maryland	# 21224	1651 N. Fulton	Ave. 21217	
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5 - 5	- e	ione during most of working file, even if h	mireo)	Md.	U.S.A.	
9	as e sii	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
T ii	the spo	Samuel	XX Fenwich	Estell	e Shivers	
Z	ath on	S. Was Deceased Ever in U. S. Arm	ed Forces? 1 6. SOCIAL	17. INFORMANT	ADDRESS	
IMPORTANT r his assistant Also, if the dir	de	Yes, no or unknown) (If yes, give wor	none		Eastern Ave. Baltimore, Md.	
0 5 =	ode	18. 9 8 1 1 1	CAUSE OF DI	ATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
A his	e de c	DISEASE OR CONDITION	ATH	CAUSE PROGERIA	15 Vener	
- PA	SEE	(This does not mean the ma	de of dying, e.g., (A) IMMEDIATE	AS A CONSEQUENCE OF:	1/(61718)	
	bal	heart failure, asthenia, etc. It injury or complication which o	neons the diseose,	A SSINE GOLINGE SI.		
O - E . E	3 E	ANTECEDENT CA		PULMONARY E	MBDLUS PHOURS	
C E E	9 9 9	DISEASES OR CONDITIONS		AS A CONSEQUENCE OF:	MDDay & HOURS	
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FUNER te chief r	the sth		CONDITION FOR WHICH OPERATION S PERFORMED	YES	DE. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
FU	phy	OR CONTRIBUTING CAUSE O	ING 21 B. PLACE OF INJURY (e	g., in or obout 21 C. WHERE DID , office bldg., INJURY OCCUR?	(If in Boltimore City, give exact location)	
+ 4	Pe Pe	DEATH (notify medical examiner)	etc.)	, , , , , , , , , , , , , , , , , , , ,		
9 0	60 ¥	OF INJURY (Month) (Doy)		21F. HOW DID INJURY	OCCUR?	
ho	d e d	(APPROX.)	While At Work At W	While ork		
0 e	and	22. I certify that (I) (this ho	pital) attended the deceased fram	February 5, 19	68 to Sehruny 14 1968	
		that (1) (we) last saw the de	ceased alive on Jestrusy	14/ 19 Of and that i	n(my) (our) opinion death occurred an the date	
9 7			s stated shave. (1) (We) (did) (did no			
se th	death) must be	23A. SIGNATURE	00	· · · · · · · · · · · · · · · · · · ·	23B, DATE SIGNED	
must eleas	of a la	feel.	Julian M.D. DEGREE	Attending Med. Star Phys. Director Phy	2-14-68	
9 1	D L D	23C. PHYSICIAN'S NAME (Type)	DEGREE		astern Ave. #21224 %	
Cat Vas	A. at prior	JOEC	HURM M.D.	Balt. City	forp. falt Md.	
# 35	4 0	44A. BURIAL CREMATION, 24B. DA	TE 24C. NAME of CEMETERY OF		ATION (City, town, or county) (State)	
	D.O. d.Se	Burial 2-1	0_68 Mt Ash	Com Po	1+0	
	was D.C decease written	SA. DATE REC'D BY HEALTH DEPT	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	lto. Md. ADDRESS	
두 수 수	was dece	FEB 19 19	8 Robert E. Jakey		Home 1348 Calhoun St.	
		'S 1S0-REV. 1/1/6B			- Since Trace Secretorin 500	



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	ust be approved by the chief medical examiner or his assistant if death occurred in a hospital and eased to the hospital by a medical examiner. Also, if the direct or contributing cause of death ident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased hospital (except where the physician who pronounced death was in regular attendance on the odeath); and (6) No physician was in regular attendance on the deceased prior to death. Such must be obtained before the remains are embalmed or final disposition is made.	10A don	USUAL OCC during most of
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	or Print)		ON M	IRS MARY		2-16-1968	- 3 - A . N
	LL NAME O	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENC A. STATE	E (Where deceased lived. If COUNTY	institution: residence before odmission
HO	SPITAL OR	Hospt T)			MORE	e RURAL ond give township)
)] (17 .	HOSPI			D. STREET ADDRESS	(If rurol, give locotion) 5 - ANN 57	
. SEX	<i>r</i> =	6. RACE	WIDOWE	D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
	luring most of	working life, even if retired)	10B, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
3 84	HOME	EMAKER			MD	Thi hi a a a T	USA
3. FA	THERS NAM	rick			14. MOTHER'S MAID!	in/n)	
5. We	s Deceosed	Ever in U. S. Armed Ford	es?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	10/0	ADDRESS
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10	DISEAS	SE OR CONDITION DIR	ECTLY	CAUSE O	PEAIR		ONSET AND DEATH
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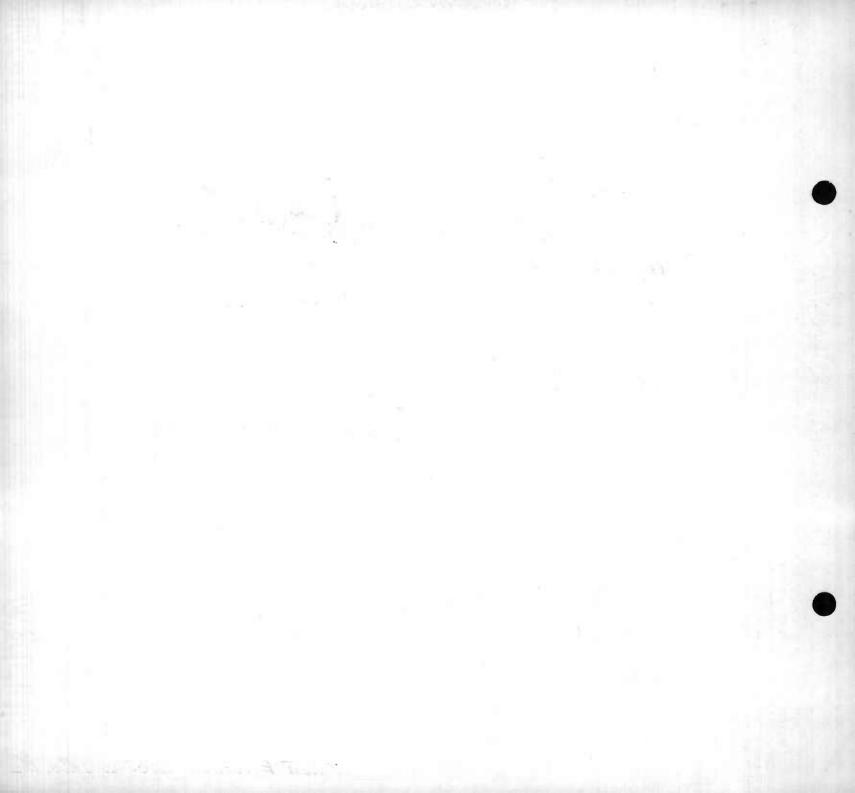
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BALTIMORE CITY HEALTH DEPARTMENT



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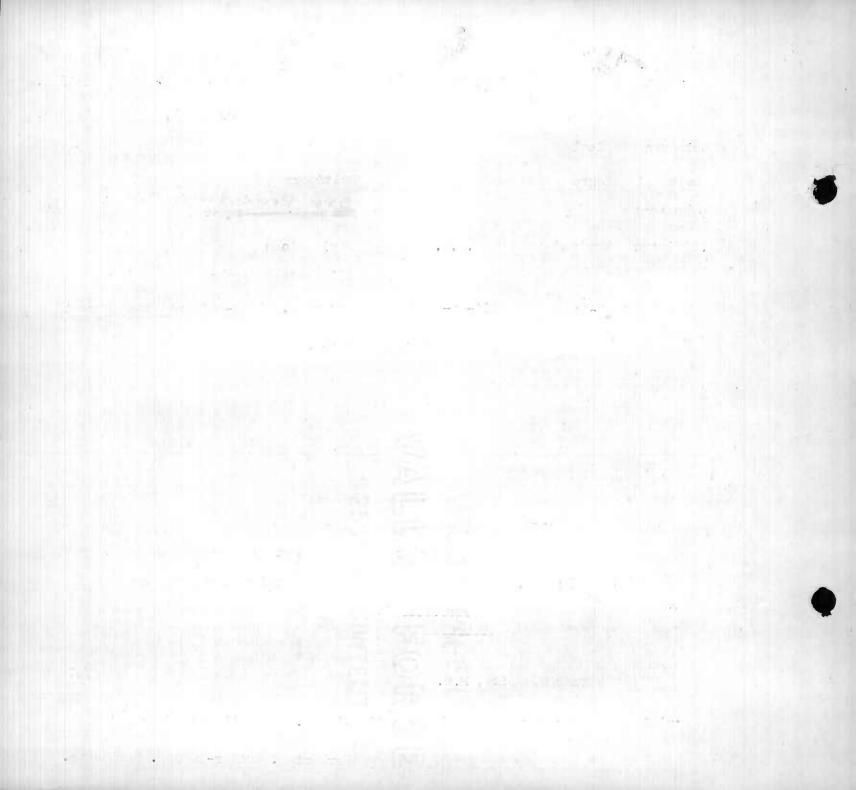
The property of the state of th

	6	8- 19	923	NC A		IMORE CITY HE				ru (38-	1923
RIDT	H NO.		WEL	ICA	LEXA	MIINEK 2	CKIIFI	CAII	E OF DEA	REG. NO.		
1. N	AME OF DE	CEASED					2. DATE	Know	n X Month	Day	Year	Hour
(Туре	CHARL	ES			GLENI	N	OF DEATH	Estim	ated D. Febr	uary 17,	1968	1:25 A.N
		LTIMORE, MA	RYLAND, V	VHERE P	RONOUNCE	ED DEAD	3. DATE		Manth	Day	Year	Haur
FULL	NAME OF	(IF NO	T IN HOSPIT	AL OR IN	STITUTION, GI	VE STREET	PRONOI	UNCED	DEAD Februa	ry 17, 1	968	1:25 A.A
ORI	ISTITUTION	AUUKI	:33 OK LOCA	liony					E (Where deceased	lived. If Institution		
Lu	theran	Hospit	a1				A. STATE Mary	land		B. COUNTY	19	1-05
6. SI		7. RACE		B. MAR	RIED X NEV	VER MARRIED	C. CITY OR			D. INSIDE CI	TY LIMITS?	
r	nale	neg	ro		WED 🗆	DIVORCED	Ba1	timor	·e	V	es 🛣	NO 🗆
	ATE OF BIRT		10. AGE (I	n years	If Under 1	Yr. If Under 24 Hrs.			Bresst		Sch	
0	/29/193	26	32	y)	Manths Do	ys Hours Min.	505	2000	oman Street	t t	201	
_	-	State ar forei			12. CITIZEI	N OF	13. FATHER					
R	1+1mor	o Man	rland			COUNTRY?	Don	1 0	lann			
	altimor JSUAL OCCU		yland rekind of work	14B. KIN	D OF BUSIN	ESS OR INDUSTR	Pau Y 15. MOTHE		LONN DEN NAME			
done	during mast of	warking life, ev	en ifretired)					zabe		c		
16. V	VAS DECEAS	ED EVER IN	U.S. ARMEI	FORCE	S? 17. S	OCIAL	1B. INFORM		on Darie		DDRESS	
(Yes,	Yes	(If yes, give	war ar dates -1963	of service	2 (2-4366	Barh	ara	J. Glenn-5	86 Proce	tman S	troot
11	9.55	11/5/	1703		20	CAUSE OF DEA		did (or oreum-2	00 11633	AF	PROXIMATE INTERVAL
	E 8 /	TIM	ITIO NI DIDI	C=114							REIM	EEN ONSET AND DEAT
	DISEAS	SE OR COND		CTLY		Multiple		ies				
	(This does i	nat mean the	made of d	ing, e.g.		(A) IMMEDIATE (AS A CONSEC	UENCE	 DF:			
	heart failure, asthenio, etc. It means the disease, injury ar camplication which coused deoth.)											
		OR CONDITI		V GIVING	3	(B)DUE TO, OR	AS A CONSE	QUENCE	OF:			
	RISE TO TH	E ABOVE CA	USE (A) STA	TING TH	Ē							
2	UNDEKLTI	NG CONDII	ION LASI.			(c)				****		
ERTIFICATION	1-8/2	NIFICANT CO	II	ONITRIRI	ITING	1000			circulation and the			
0	TO THE DE	ATH BUT NO	T RELATED TO	THE TER	MINAL							
Ë.		R CONDITION				H OPERATION W	AS DEDECIDA	AFD			21 AUTC	PSY? (Yes ar Na)
S	A DAIL O	r OPERATIO	200. CO	MDIIIOI	ALOK MUIC	H OFERALION W	AS FERFORM	NED.			ZI. AUIC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
_1	2A. FXTER	ALAL CALICE	10/05		loop place	OF INITIDAY	70 1 1	226 14/11	EDE DID (III - D III-	C14	No	
O		RNAL CAUSE GMOR CON	ITRIB-		home, farm,	foctory, street, office	e bldg., etc.)	NJURY C	ERE DID (If in Boltim	iare City, give exc	oct rocation)	- 0
요	UTING C	AUSE OF DE	ATH.			street		No	orth of Bor	nner Road		07
2	DF INJURY	(Month)	Doy) (Yeo	r) (Ha	′	URY OCCURRED	3	22F. HOV	W DID INJURY OC	CUR?		
	(APPROX.)	2/16/68	7:00) A.	m. WHILE A	AT V	WHILE X	Pede	estrian str	ruck by c	ar	
1	3.				n .					1 1		
						pectian X Au			that on this basis		\neg	
	resu	Ited from: 1	Natural car	ses _	Accide	nt X Suici		amicide		nined monner	_	
	CHIEF MEDICAL EXAMINER L											
	SIGNAT		llon	86	1/2		D. ASS	ISTANT N	MEDICAL EXAMINE			
	EXAMIN NAME (VER'S WE	erner l	J. Sp	ite, M	.D.	ASSC	OCIATE N	MEDICAL EXAMINE			2/17/68
	BURIAL CRE		24B. DATE		24C. NA	ME of CEMETERY	ar CREMATO	ORY	24D, LOCATIO	N (City, tow	n, ar county) (State)
KEN	Burial		2/23/	1988	Bal	timore Na				ore , Mar		
25A	DATE REC'E	BY HEALTH	DEPT.	25B.	NAME OF R	EGISTRAR	25C.	FUNERA	L DIRECTOR	-	ADDRESS	

25B. NAME OF REGISTRAR

VS 151-REV. 1/1/6B

Herbert E. Nutter-3035 W. North Ave.



Such

to death.

deceased prior

deceased prior to death); and (6) No physician was in regular attendance on the

was D.O.A. at a hospital (except where the physician who pronounced

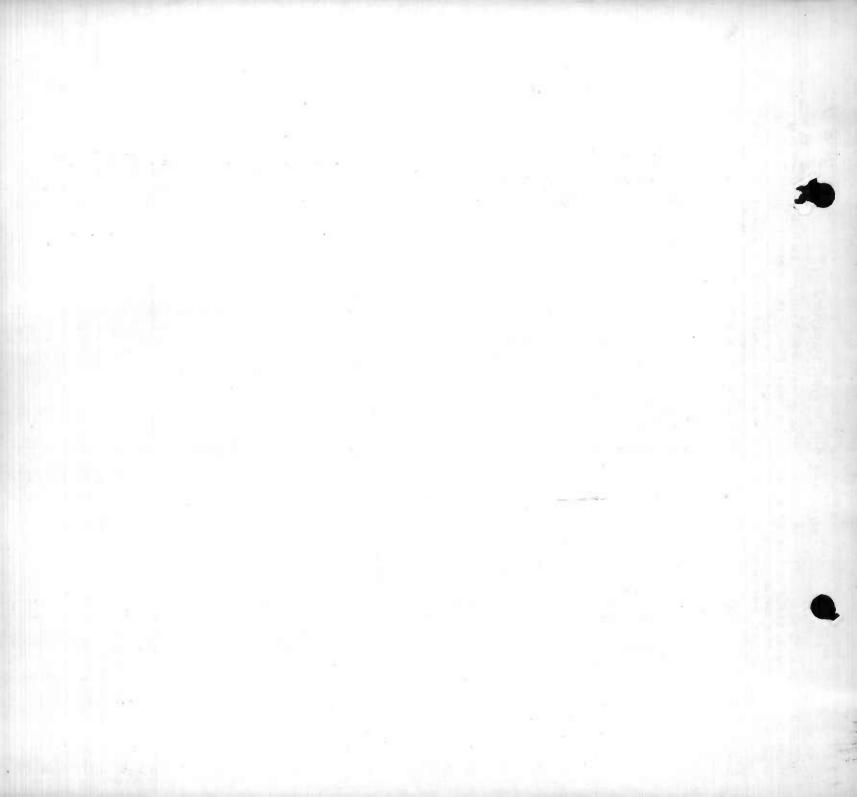
was in regular attendance on the

death

occurred in a hospital and

B 650		BALTIMORE CIT	Y HEALTH DEPARTMENT		68- 1924
10-000	CR- 192	4 CERTIFICA	TE OF DEATH	REG. NO	00 1324
NAME OF DECEASED	00 104			ND HOUR OF DEAT	H
Type or Print)	arroad Fluor	D	0.40	()	
3. PLACE IN BALTIMORE, MAR	OWard Elmer		4. USUAL RESIDENCE (Who	re deceased lived. If	institution: residence before admission
			A. STATE B. COUL	NTY .	.11 12
FULL NAME OF (IF NOT I	N HOSPITAL OR INSTITUT	TION, GIVE STREET	Md.		140
NSTITUTION			C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
4010 D			Balto. E. STREET AND NUMBER		YES- NO NO
0D 1942 Drui	d Hill Aven	ue		INT STR	EET
SEX 6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr. Months! Doys Hours Min.
Male Negro	id WIDOWED F	DIVORCED	6-28-93	lost birthdoy)	Withins Days Hours Will.
OA. USUAL OCCUPATION (Give	at Ut			eign country)	12. CITIZEN OF WHAT COUNTE
lone during most of working life, ever	if retired)		Ma		TI C A
2 PATHERIC MAAR			Md.	***	U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN NA	WE	
5. Was Deceased Ever in U. S.	Amend Faces 2	14 505141	17. INFORMANT		ADDRESS
Yes, na at unknown) (If yes, give v		SECURITY NO.	17. INFORMANT		ADDRESS
no			Rose Greenwo	od 1614 I	elano Court
18. 4/ / 0 9		CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEASE OR CONDI	TION DIRECTLY		2.4	- 1	BETWEEN ONSET AND DEA
LEADING TO		DUNIFOLATE CA	In Museral	dial 1	refacilia
(This daes not mean the		(A) IMMEDIATE CA	USE A CONSEQUENCE OF:	and o	yours
heart failure, asthenia, etc.		50E 10, 0K H3		. /	
		At	·	1/2004	R) a
ANTECEDENT	CAUSES	(B) UNE	resceroue	Heart	Nece .
DISEASES OR CONDITIO		DUE TO, OR AS	S A CONSEQUENCE OF:		
rise to the above co		(c)			
11 20 1 11		(0/000000000000000000000000000000000000			
OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING				A SHOW AND THE
TO THE DEATH BUT NOT REL	ATED TO THE TERMINAL				****************
DISEASE OR CONDITION GIV	198. CONDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or N	o) 20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
E I'A	WAS PERFORMED			IN CERTIFYING C	AUSES OF DEATH?
	RLYING 218. I	PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(If in Boltim	ore City, give exoct location)
OR CONTRIBUTING CAUS	SE OF home	e, form, foctory, street,	office bldg., INJURY OCCUR?		
U			215 11211 212 111		
OF INJURY		INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
(APPROX.)	Work	e At Not Whi	le 🔲		
22. I certify that (I) (this	hospital) attended th	e deceased from	Oct.	19 62 to	Jeb 1968
		, , ,	10		
that (I) (we)—last saw the		11.1		natin (my) (our) a	pinian death accurred an the do
and have and from the ca	uses stated abave. (1)	(We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE	1:				23B. DATE SIGNED
7.11.11Mas	unalu b	AH Ph	ending Med. Director	Staff Phys.	7/16/68
23 C. PHYSICIAN'S	11	DEGREE	23D. ADDRESS		-11400
NAME (Type)	11 10	TILL	1200 D.	und 11	11 A.s
ITIWINA.	snington	Jri 17 (LOEGREE	2307 D.	rula m	11 NVe
24A. BURIAL CREMATION, 24B. REMOVAL (Specify)	DATE 24C.NA	ME of CEMETERY OF CE	REMATORY 24D.	LOCATION	(Stote)
	-17-68 St	. Luke Ceme	etery	Reisterst	oum Maruland
2SA. DATE REC'D BY HEALTH		F REGISTRAR	25C. FUNERAL DIRECTO	R	own, Maryland Address
FFR 1 9 1988	(1) 12 5 是,公	Challenger College	Kelson Fun	eral Home	1348 Calhoun S

2-17-68 St. Luke
HEALTH DEPT. 25B. NAME OF REGISTRAR Burial Cemetery Reisterstown Maryland Kelson Funeral Home 1348 Calhoun VS 150-REV. 1/1/6B



K-523

68- 1925 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH.
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00 1320		Fig.	8- 1925			
	EXAMINER'S C	CERTIFICATE OF DEATH REG. NO.	1952			
IRTH NO.						
NAME OF DECEASED ype or Print) ALBERT KNIGHT		2. DATE Knawn X Manth Day OF Estimated 2 13	68 4:55 p M.			
PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	3. DATE Month Doy	Year Hour			
ULL NAME OF (IF NOT IN HOSPITAL OR INSTI OSPITAL ADDRESS OR LOCATION)		PRONOUNCED DEAD February 13	1968 4:55 p M.			
4 7%	D.O.A.	5. USUAL RESIDENCE (Where deceased lived. If institution: A. STATEM B. COUNTY	residence before admission)			
	uilding	Maryland >	Vi we led			
SEX 7. RACE B. MARRII	ED NEVER MARRIED	C. CITY OR TOWN	MIMITS?			
Male Colored WIDOW	ED DIVORCED	Daltemore YE	s No 🗋			
11 00 1051 last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.	E. STREET AND NUMBER	1 805			
BIRTHPLACE (State ar fareign cauntry)	2. CITIZEN OF	13. FATHER'S NAME	woc			
Baltimore	WHAT COUNTRY?	norris Knight				
A.USUAL OCCUPATION (Give kind of work 14B. KIND one docing was stof porking life, even if retired)	OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME				
Laborer		Scolet Crafton				
. WAS DECEASED EVER IN U.S. ARMED FORCES? es, na or unknawn) (If yes, give war ar dates af service)	17. SOCIAL SECURITY NO.	18. INFORMANT AD	DRESS			
4.62		Cosper Harcum 716	E.215F			
1ºE953X	CAUSE OF DEAT	Н	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY						
LEADING TO DEATH	(A)IMMEDIATE C					
(This does not mean the made of dying, e.g., heart fallure, asthenia, etc. It means the disease,	DUE TO, OR A	S A CONSEQUENCE OF:				
injury ar camplication which coused death.)		Strangulation				
ANTECEDENT CAUSES	(B)					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO, OR A	AS A CONSEQUENCE OF:				
UNDERLYING CONDITION LAST.	(c)		000000 0 0 00000 00000 00000 00000 00000			
E 9 2 4 X II						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG VAI					
DISEASE OR CONDITION GIVEN IN PART 1 (A).						
20A. DATE OF OPERATION 20B. CONDITION F	OR WHICH OPERATION WA	S PERFORMED	21. AUTOPSY? (Yes or Na)			
			Partia1			
22A. EXTERNAL CAUSE WAS UNDERLYING KIOR CONTRIB-	2B. PLACE OF INJURY(e.g., 1 ome, farm, factory, street, office	In or about 22C. WHERE DID (If in Boltimore City, give exact bldg., etc.) INJURY OCCUR?	t location)			
UTING CAUSE OF DEATH.	Unknown	Found - 1014 N. Cheste	er St.			
22D. TIME (Month) (Day) (Year) (Hour) OF INJURY		22F. HOW DID INJURY OCCUR?				
(APPROX.) Unknown	n. WHILE AT NOT	Subject humg himself				
I certify that I held an Inquiry Inspection PAutapsy X and that an this basis, death in my aplaian						
resulted frame: Natural causes	Accident Suicid					
011-11	CHIEF MEDICAL EXAMINER					
ACTUAL ASSISTANT MEDICAL EXAMINER X						
SIGNATURED M.D. EXAMINER'S ASSOCIATE MEDICAL EXAMINER						
NAME (Type) Edward F. Wi		Feb	ruary 14, 1968			
AA. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town,	ar caunty) (State)			
Oural 2-10-68	Dalto 11	alional in soulto	11100			
5A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR AD	DRESS			
1000	4 -,	Neyner anders 217	G. Hreston St			
5 151-REV. 1/1/6B			V			

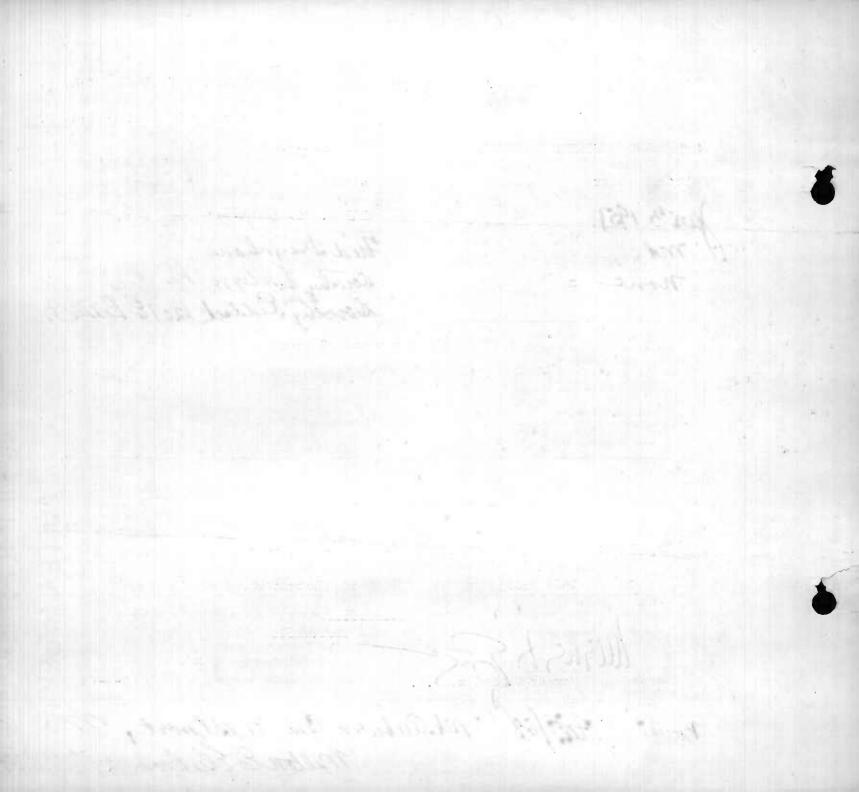
BIRTH NO.	CERTIFICATE OF DEATH REG. NO	
1. NAME OF DECEASED	2. DATE Known X Manth Day	Year Haur
(Type or Print) WASHINGTON WHITE	OF Street D Fohmus O 10	968 M
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	February 9, 196	
OK NOTHING TO	5. USUAL RESIDENCE (Where deceased lived. Il institution: A. STATE B. COUNTY	residence before admission)
Sinai Hospital (DOA)	Maryland /	12
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT	Y LIMITS?
Male Negro widowed □ Divorced □	Baltimore yes	s 🛛 No 🗆
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. 11 Under 24 Hrs.	E. STREET AND NUMBER	100
1-8-1950 lost birthday) Months, Doys, Hours, Min.	2607 Shirley Ave.	
11. BIRTHPLACE (State or foreign cauntry) 12. CITIZEN OF	13. EATHER'S NAME	
WHAT COUNTRY?	Samuel 11/2 to	
14A. USUAL/OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	115 MOTHER'S MAIDEN NAME	
dane during most of working lite, even il retired	E POLITICA STRAIGHT	
- Caurelle	amey White	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO.	IB. INFORMANT	DRESS
no	Samuel White, 1709	Fatrobe St
19. J G CAUSE OF DEA	тн	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		DETWEEN CHOSET AND DEATH
	AUSE Stabwound of chest	150
(This daes not mean the made of dying, e.g., DUFTO OR	AS A CONSEQUENCE OF:	Mouroudbuludou
heort failure, asthenia, etc. It means the disease, injury or camplication which caused death.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	*******************************
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
0 2		Yes
Z2A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in or about 22C. WHERE DID (If in Boltimore City, give exoc	
O HALDEDINALOW ON CONTENTS home form factory street affic	e bldg., etc.) INJURY OCCUR?	4 = 10
UNDERLYING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED	2607 Shirley Ave.	
OF INTURY		d 1 am h
m. WORK AT W	Stabbed by unknown assa	llant
23.		
	tapsy 🔀 and that an this basis, death in my c	pinian
resulted from: Natural causes Accident Suicident		
	CHIEF MEDICAL EXAMINER	DATE CICNIED
SIGNATURE CLASS . A M.D.	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S		cuary 10,1968
NAME (Type) Sharles S. Springate, M.D.	Associate medical entire Edition	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, tawn,	ar caunty) (Stote)
REMOVAL (Specify)	or OF A G P.	Ind
25A DATE PEC'D BY HEALTH DEPT 1050 NIAME OF PROJECTION	Jose Ellippal Diperton	ADDECC ALL
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR AD	DORESS A L
MED AS 1300 CLATAGE & STELLE MA	Caymen S andonn DI'	1 6 theston St
VS 1S1-REV. 1/1/68 A		
/ W - 3 F		V

10 0 1 10 95 Market and Pour Tourist Control Cartes at the same and the same and the same at the same and the same at the s

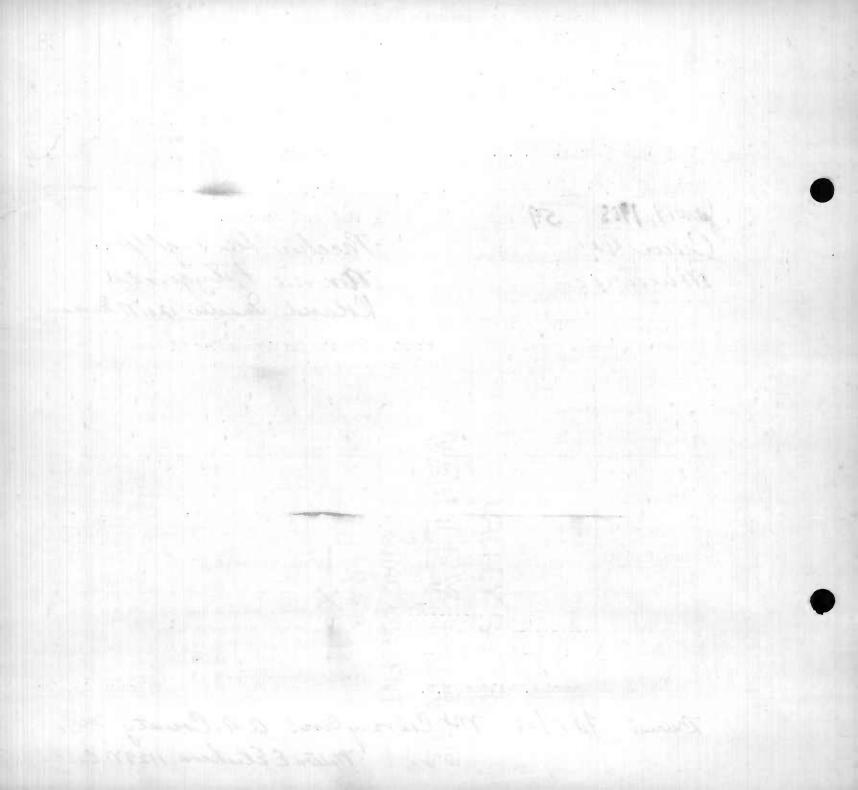
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MEDICAL	EXAMINER'S	CERTIFICATE OF	DEATH REG NO	6
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MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 68- 1927
BIRTH NO.	NEO. NO.
1. NAME OF DECEASED (Type or Print)	2. DATE Known A Month Doy Yeor Hour OF Fohrwary 3 1968 6.40 D
ROGER TRAYHAM	DEATH Estimoted Tebruary 3, 1968 6:40 P. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD February 3, 1968 6:40 P. M.
2 2	5. USUAL RESIDENCE (Where deceosed lived. If institution; residence before admission) A. STATE B. COUNTY
3 5 JOHNS HOPKINS HOSPITAL	Maryland
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. LASINE CITY LIMITS?
Male Negto WIDOWED DIVORCED	Baltimore YES NO NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER
June 1951 lost birthdoy) 16 Months, Doys, Hours, Min.	1207 E. Biddle Street
12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
/ md	thed Trambane
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired)	De ul. Myling Butter
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT AND ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	David Till by 178 BYBON
	proposed reason 14016 termeste
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Shotgun	wound of chest
LEADING TO DEATH	ALICE
(This does not mean the mode of dying, e.g., (A)IMMEDIATE OF TO, OR	AS A CONSEQUENCE OF:
heort loilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
I LINDERLYING CONDITION LAST	
(c)	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
	Yes
ZZA. EXTERNAL CAUSE WAS ZZB. PLACE OF INJURY (e.g.,	in or about 22C. WHERE DID (If In Baltimare City, give exact location) to bidg., etc.) INJURY OCCUR?
UNDERLYING OR CONTRIB-	Front 1216 Homewood Avenue
UTING CAUSE OF DEATH. Street Z2D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INITIBY	
(APPROX.) 2 1 1968 8:35 m. WHILE AT WORK	WHILE X Shotgun wound of the chest
23.	
	topsy 🗵 ond that on this basis, deoth in my apinion
resulted from: Notural couses Accident Suici	de Homicide X Undetermined monner
111111111111111111111111111111111111111	CHIEF MEDICAL EXAMINER
ACTUAL (IV) MAS (2)	DATE SIGNED
SIGNATURE	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S Werner U. Spitz, N.D.	ASSOCIATE MEDICAL EXAMINER 2-4-68
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	City, lowing of Country (Store)
	1 1 1 1 1 - 1 Mars
During 409/64 Mb (111)	west Cem Y/lost post ma
25A. DATE REC'D BY HEALTH DEPTE / 25B. NAME OF REGISTRAR	went Cem Ellstport Md.
25A. DATE REC'D BY HEALTH DEPTE P 25B. NAME OF REGISTRAR	went Cem Ellstport Md. 25c. FUNERAL DIRECTOR ADDRESS ADDRESS
25A. DATE REC'D BY HEALTH DEPTE 7 25B. NAME OF REGISTRAR	Wer Com Ellstport Md. 25C. FUNERAL DIRECTOR ADDRESS Milloth & Eliphan 1/29 M Carolina



l	MEDICAL EXAMINER'S		68 1928
	RTH NO.	No. DATE	
	NAME OF DECEASED pe or Print)	2. DATE Known Month Doy	Yeor Hour
	CARRIE QUARLES	DEATH Estimoted 2 14	68 7:30 a m.
4.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Year Hour
HC	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SOPITAL ADDRESS OR LOCATION) INSTITUTION	PRONOUNCED DEAD February 14 5. USUAL RESIDENCE (Where deceased lived, if institution: re	1968 7:30 am.
200		A. STATE B. COUNTY	
	1042 N Durham St. D.O.A.	Marylaad	
6.	SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN	IMUS?
F	emale K Colored WIDOWED DIVORCED	Balto. YES	NO
19.	DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.		
16	Months, Doys, Hours, Min.	1001 37 7 -1 - 0	
X	BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	1201 N. Durham St.	
4	WHAT COUNTRY?	TO P	1/2 0
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	WUSUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTR'	75. MOTHER'S MAIDEN NAME	
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	WAS DECEASED EVER NU.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDR	ESS
(Y e	s, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Del wall to the 13 miles	n And onest
-		Krana maue 1201.	APPROXIMATE INTERVAL
	19. CAUSE OF DEA	тн	BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY Arterio	sclerotic Cardiovascular Disease	
	LEADING TO DEATH	CALISE	
	(This does not mean the mode of dying, e.g., DUFTO OR	AS A CONSEQUENCE OF:	
	heart failure, asthenia, etc. It means the disease, Injury or complication which coused death.)		
	ANTECEDENT CAUSES (B)		
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
-	UNDERLYING CONDITION LAST.		
CERTIFICATION	()		
₹	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
	DISEASE OR CONDITION GIVEN IN PART 1 (A).		
118	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21	. AUTOPSY? (Yes or No)
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∥₹		in or about 22C. WHERE DID (If in Boltimore City, give exact to	ocotion)
EDIC	UNDERLYING OR CONTRIB-	e bldg., etc.) INJURY OCCUR?	
Σ		22F. HOW DID INJURY OCCUR?	
-	OF INJURY	WHILE C	
	(APPROX.) m. WORK AT V	VORK L	
- []	23.		
	I certify that I held on Inquiry Inspection A	topsy ond that on this basis, death in my opi	nian
	resulted from: Natural causes Accident Suicident	de Homicide Undetermined monner	
	(8) 1011	CHIEF MEDICAL EXAMINER	
	ACTUAL STATE ACTUA	ran	DATE SIGNED
	SIGNATURE	ASSISTANT MEDICAL EXAMINER	
	EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	1/ 1000
	NAME (Type) Edward F. Wilson, M.D.	The state of the s	ruary 14, 1968
	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or	county) (Stote)
KE	MOVAL (Specify)	an an and	- ms
	Muray 711/1/4 / / Cally	my em, ley, count	y ,
25	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	ADU	ycoo
	TES I 1968 (P. Lando E. Francisco)	Mellon & Elichron 1/2	9 M. Carter S



68- 1929 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.

68-	1929
00	-A-C/20

BIRTH NO.							REO. 140			
1. NAME OF DEC	CEASED			2. DATE OF	Known 🔲	Manth	Day	Year	Haur	
MERENTH JACKSON 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					Estimoted K	Februa	ry 10,	, 1968		м.
4. PLACE IN BAL	TIMORE, MARYLAN	ND, WHERE P	RONOUNCED DEAD	3. DATE		Manth	Day	Yeor	Hour	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)					JNCED DEAD F	ebruary	10. 1	L968	7:35	A.
OR INSTITUTION	ADDRESS OR	LOCATION		5. USUAL R	ESIDENCE (Where	-				an)
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	Monument	T- '		- 11	laryland				Q S	The state of the s
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BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 68- 1930 CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH Type or Print 2-16-68--10:20 AM Ida Parker Planter RESIDENCE (Where deceased lived, If institution; residence befare admission)
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Marvland C. CITY OR TOWN CITY LIMIT 2 INSTITUTION Baltimore NO E. STREET AND NUMBER Belton Hill Nursing & Convalescent Center 934 W. Favette Street B. DATE OF BIRTH 9. AGE (In years 5. SEX If Under 1 Yr. Manths: Days If Under 24 Hrs. 7. MARRIED NEVER MARRIED Hours lost birthday WIDOWED X DIVORCED 1-30-86 Female Negro 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign caunity) 12. CITIZEN OF WHAT COUNTRY? done during most of working life even if retired) Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Attwood Edward Hugh 15. Was Deceased Eyer in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) Ilf yes, give wor ar dotes of service) SECURITY NO. 1B. CAUSE OF DEATH APPROXIMATE INTERVAL DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving la the abave cause (A) stating the UNDERLYING CONDITION last. 60 ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) CERTIFIC 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? IYes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 B. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If In Baltimare City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Haur) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Wark 22. I certify that (I) (this hespital) attended the deceased from _______ 19 6 and that in(my) (607) apinian death accurred an the date that (1) (we) last saw the deceased alive an... and haur and fram the causes stated above. (1) (the) (did) (didmet) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME IType

ZA 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY

24D. LOCATION

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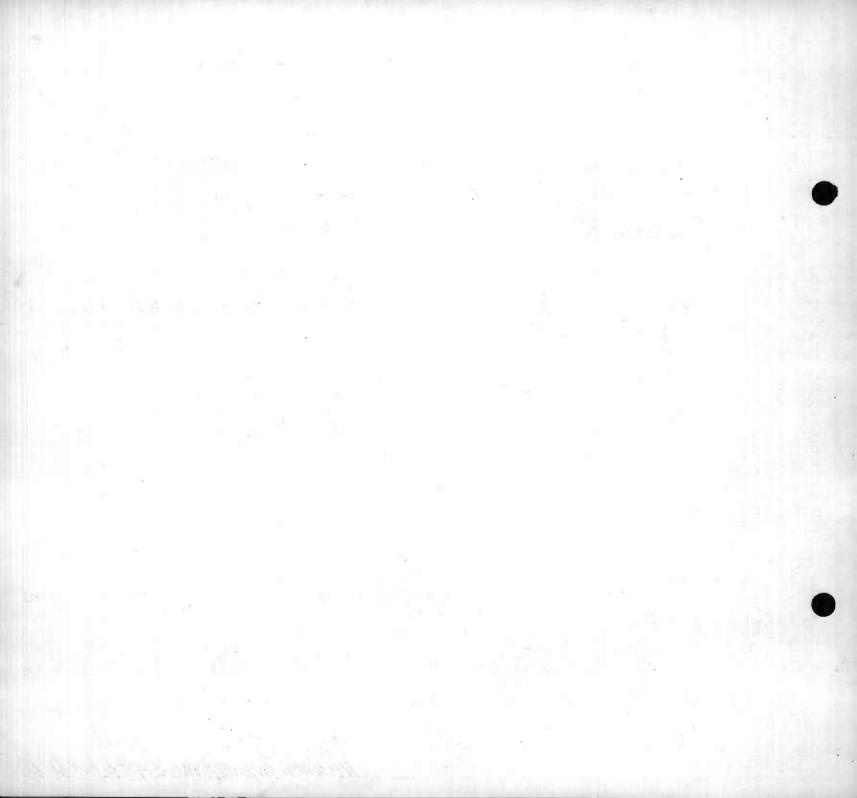
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BALTIMORE CITY HEALTH DEPARTMENT

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K-400		HEALTH DEPARTMENT	6	6-1932
BIRYH NO. 68-	1932 CERTIFICA	TE OF DEATH	Registered No.	
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	ROSE, ANNA.	F-EE	16, 168	10:00 pm.
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INSTITUTION		de ad a sentine in a dis-	RE MO.,	2601
CHURCHHOME & HO.	SPITAL	D. STREET ADDRESS (IF	ERAVE (24)).
	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	5 - 17 - 89	9. AGE (In years If Mo	Under 1 Yr. If Under 24 Hrs. nths: Doys Hours Min.
10A, U'SUAL OCCUPATION (Give kind of work 10B, KI done during most of working life, even if retired)	OUSE WORK	MD. BALT	gn country) 12. 1MORE	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHERS MAIDEN NAM	ΛE	1
JOHN HEINL	El W	ELIZAE	SETH SCHU	LTZ.
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of se	16. SOCIAL SECURITY, NO. 14/2	GENEVIEW	E RAYMOND	8417 HALLMAN
18. 180X I	CAUSE O	F DEATH		OB HENEGEN CIB
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OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	BUTING TO THE	- 13. 4.		
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U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore City	, give exact location)
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22. I certify that (I) (this hospital) atter	nded the deceased from	7-4	968 to 1 - 1	6 1968,
that (1) (we) lost sow the deceased aliv	o on 2-16	19 68 and the	ot in (my) (out) opinion	deoth occurred on the dote
and haur and fram the couses stoted ob	ove. (I) (We) (did) (did not) v			
23A. SIGNATURE	1			DATE SIGNED
andan	M.D. Atte	s. Med. Director	Stoff Phys.	2-17-68
23C. PHYSICIANS NAME (Type) ALEXIAN	20 200	CHURCH HOM	E + HOSP	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME OF CEMETERY OF CRE	MATORY 24D. LO	CATION (City, to	wn, or county) BALT 6 (Stote) O.
BURIAL 2-20-68	OAK LAWA	I CEM, 722	5 EASTERN.	BLVD, MD.
25A. DATE REC'D BY HEALTH DEPT. 258. N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	1 901 S.C	ONK 2988 ST, , 21224, MO,
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	Baltimor				210 F	est Hea	ther Ros	ıd		60	3 4
SEX	6. RACE		7. MARRIEI	NEVER MARRIED	B. DATE OF		9. AGE (In y	eors	If Under	T Yt. , If	Under 24
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3. FATHER						'S MAIDEN N					
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. Was Dec	eosed Ever in U. S	Armed For	ces?	1 6. SOCIAL			spital F)	10	ADDRESS	
	(nawn) (If yes, give				2000 T	va Ho	Spital i	record	15	no Ma	2121
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BALTIMORE CITY HEALTH DEPARTMENT

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19 February

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removal (specify)
burial
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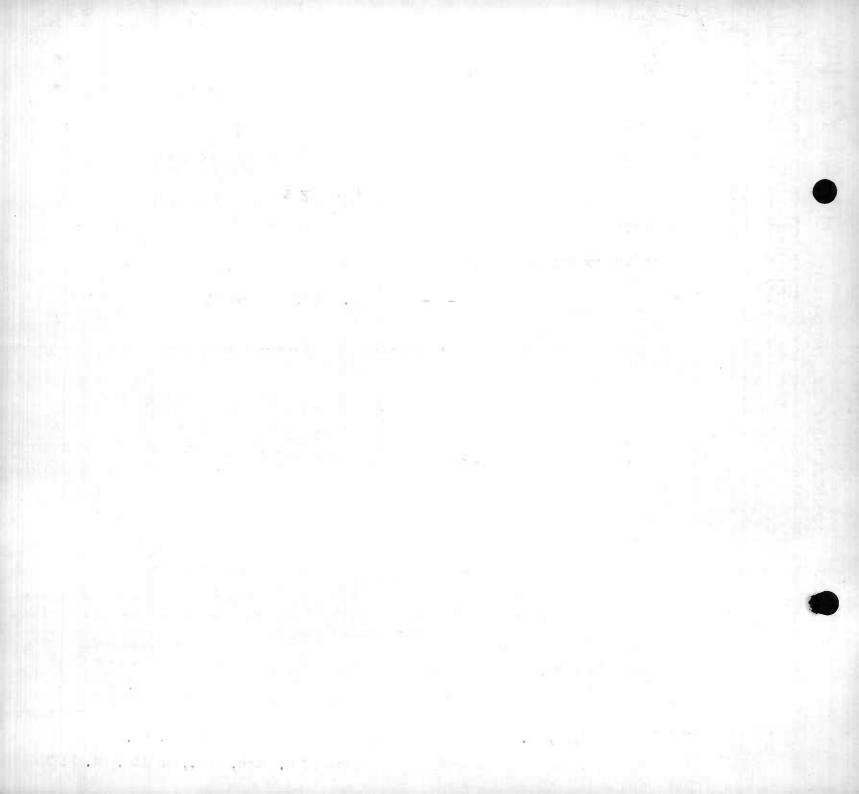
25A. DATE REC'D BY HEALTH DEPT.
FEB 19 1968
Robert E. Tolomon Md.

VS 151-REV. 1/1/68

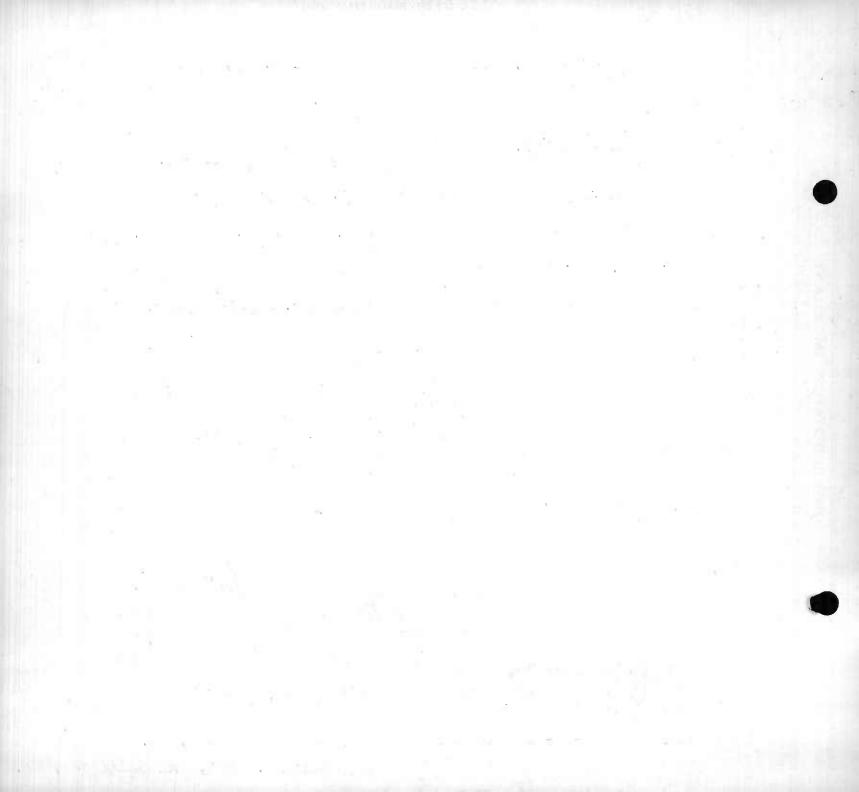
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K-520	BALTIMORE CITY			68- 1935
68- 3	1935 CERTIFICA	TE OF DEATH	REG. NO	00- 1333
NAME OF DECEASED		2. DATE A	ND HOUR OF DEATH	
Type or Print) Robert Rowland	Kino	7.6	16. 1968	5:00 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PE	RONOUNCED DEAD	4. USUAL RESIDENCE (Wh	ere deceased lived. If in	
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN		17-07
		Baltimore		YES NO NO
2. 1.4		E. STREET AND NUMBER		1.5 2
11) 2304 Pinewood A	ve	2304 Pinew	ood Ave	
SEX 6. RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24
An 1 (111 a -	WED DIVORCED	Dec. 1, 1906	lost birthday)	Months Doys Hours Mir
OA. USUAL OCCUPATION (Give kind of work 10 B. KIN		11. BIRTHPLA CE (Stote or for		12. CITIZEN OF WHAT COUN
lone during most of working life, even if retired)		A		
	uniture	Maryland		U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Robert & Lee King		Mary Ellen	Richton	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no ar unknown) (If yes, give war or dates of ser	16. SOCIAL	17. INFORMANT	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ADDRESS
// give war or dates of sen		0 M. 11. 1	V:	Carra
18. WW	216-10-245	9 Mrs Viola	rung	Same APPROXIMATE INTERVA
7/01/	CAUSE OF BEAT		0	BETWEEN ONSET AND DE
DISEASE OR CONDITION DIRECTLY			111	1
LEADING TO DEATH	(A)IMMEDIATE CAU	ISE Coronary	- Mombo	us 5 minus
(This does not meon the mode of dying,	DUF TO OR AS	A CONSEQUENCE OF:		
heart foilure, osthenio, etc. It means the dis injury or complication which coused death.)	eose,			
ANTECEDENT CAUSES		atherosal A CONSCOURT	20 110	
	(B)	Comaraca	0000	years
DISEASES OR CONDITIONS, il ony, g	iving DUE TO, OR AS	A CONSEQUENCE OF:		0
UNDERLYING CONDITION lost.	(C)			
11 20.1	1-1000000000000000000000000000000000000			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING			
TO THE DEATH BUT NOT RELATED TO THE TERMI	NAL			
19A DATE OF OPERATION 119B. CONDITION		20A. AUTOPSY? (Yes or N		FINDINGS CONSIDERED
WAS PERFORMED		Tu	IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., in	n or obout 21 C. WHERE DID	(If In Baltimar	e City, give exect location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	in in political	a conti fire ever recollent
21 D. TIME (Month) (Doy) (Year) (Haur)	21 E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY (A PPROX.)	While At Not While			
OF INJURY (A PPROX.)	Work At Work			
OF INJURY	Work At Work		1964 10	
OF INJURY (APPROX.) 22. I certify that (1) (this haspital) attended.	Work At Work			
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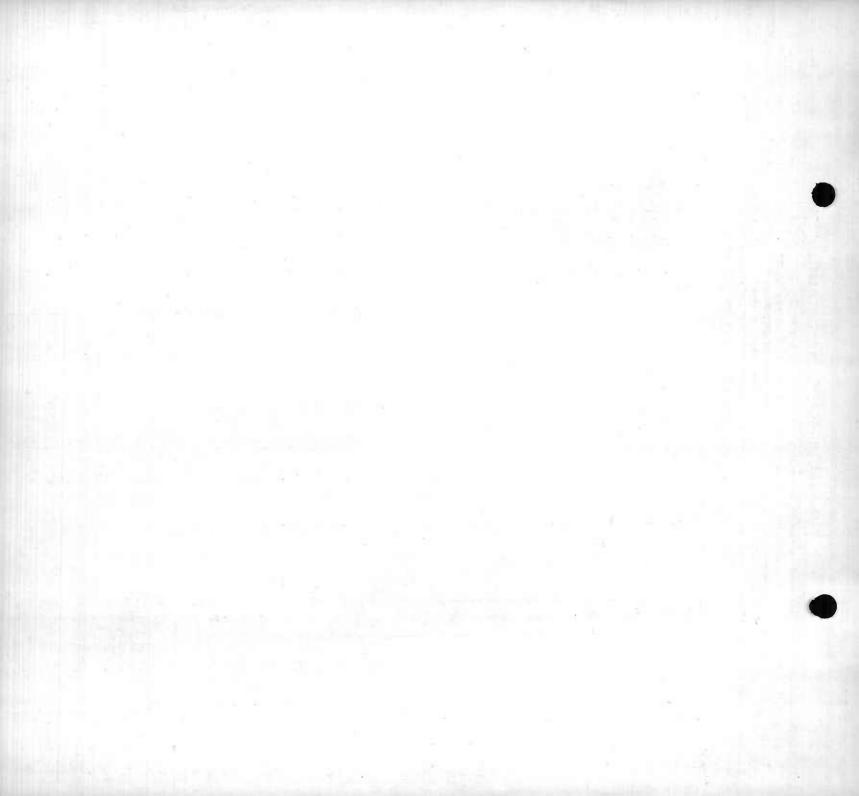
V-57	2		BALTIMORE CITY	HEALTH DEPARTMENT	V	00 4000
1	CE	- 101	CERTIFICA	TE OF DEATH	REG. NO	68- 1936
BIRTH NO.	00) LUC	30		ND HOUR OF DEATH	
Type or Print)		. ,		Z. DATE A	ND HOUR OF DEATH	21110 1
MRS			INKOWSKI	1	718/68	13.40 A N
3. PLACE IN BALTIM	ORE, MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE B. COU	fere decea≤ed lived, if i NTY	institution: residence before admission
FILL NAME OF	HE NOT IN HOSPIT	AL OR INICTIT	UTON COME STREET	Tuo.	Baltimor	9 43-00
FULL NAME OF	ADDRESS OR LOCA	ATION)	UTION, GIVE STREET	C. CITY OR TOWN	- IAU	CIDE CIDY HAMES
NOITUTION						SIDE CITY LIMITS?
11				fallsen		YES NO K
10/	0 71			E. STREET AND NUMBER	4 -7	
aurel	h Hom	ex/	Located	20 Wen	chester	Way
SEX 6. R	ACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min.
I	111	WIDOWED		1/21/	lost birthday)	Months Days Haurs Min.
A USUAL OCCUPA	TION/Give kind of word	1	F BUSINESS OR INDUSTRY	1/11/83	85	
one during most of work		KIND O	BUSINESS OK INDUSIKI	11. BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNTRY
Housewif				Filhua	win	USA
- FATHER'S NAME				14. MOTHER'S MAIDEN NA	AAAE	
9				THE S MAIDEN N	TIVIE	
200000	Speciologic I	Peter Da	nas	Ursula	Dans	20
. Was Deceased Eve	r in U. S. Armed For	rces?	16. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown) (If	yes, give war at date	es of service)	SECURITY NO.	16 71 1 5		
No			218-05-61050	Mr. Edward Yar	nkowski	(Same)
18. 24 2	01		CAUSE OF DEATH	+		APPROXIMATE INTERVAL
DISEASE	OR CONDITION DI	DECTI V	0	- 1		SETWEEN ONSET AND DEATH
	ADING TO DEATH	RECIET	(orele	ral The	mely zes	
	mean the made of	duine on	(A) IMMEDIATE CAL		****************	
	henia, elc. Il means			A CONSEQUENCE OF:		
	alian which caused					
ANT	ECEDENT CAUSES					
			(B)	A CONSEQUENCE OF:		
	CONDITIONS, if		DUE TO, OK AS	A CONSEQUENCE OF:		
UNDERLYING C		stuning the	(c)			
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O I O I HER SIGNIFICA	NT CONDITIONS COUT NOT RELATED TO T		line	e calri	el 1. 1. 100	2.2.
DISEASE OR CONE	DITION GIVEN IN PAR				Thereace	
19A. DATE OF OP			WHICH OPERATION	20A. AUTOPSY? (Yes or h	a) 20B. IF YES, WERE	FINDINGS CONSIDERED
	WAS PER	FORMED			IN CERTIFIENG CA	AUSES OF DEATH?
21A. ACCIDENT	WAS UNDERLYING	7 218	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Baltime	ore City, give exact lacotion)
OR CONTRIBUTION	WAS UNDERLYING	hon	ne, form, factory, street, of	fice bldg., INJURY OCCUR?	In the ballime	ore only, give exact facolitally
DEATH (notify me	dicol examiner)	etc.	,			
	onth) (Doy) (Year)	(Hour) 21E	. INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
OF INJURY		Wh	ile At Not Whil			
(APPROX.)		Wo				
22. I certify the	t (1) (this hasnita	I) attended t	he deceased from	2/14	1948 to	2/18 19 68
			1			
that (1) (we) las	it saw the decease	ed alive an		19 @ 0 and 1	hat in (my) (aur) ap	pinian death accurred an the da
and hour and fro	om the causes sta	ted abave. (1) (We) (did) (did not) v	iew the bady after death		
23A. SIGNATURE			, , , , , , , , , , , , , , , , , , , ,	Ten the Body the Bodh		23B. DATE SIGNED
-7			Atte	adina Mad	Shill En	
tran	ciaco 1/2	alla	Phys	nding Med. Director	Staff Phys.	418/68
23C/PHYSICIAN'S		C		23D. ADDRESS		
NAME (Type)	10000 1	11.71	210 121	100	. Home ?	1 Hosp
MANC	1500 13	MULA	CH VIT DEGREE	Camel	- //	
A. BURIAL CREMAT	ION, 24B. DATE	24C. N	AME of CEMETERY or CRE	MATORY 24D.	LOCATION (C	City, tawn, ar caunty) (State)
		CO H.	Tre Dada		D-144	W.a
Burial	2/22/6		ly Redeemer C		Baltimore	
A DATE REC'D BY	HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
LED TA	300 ULLey	J E. Ja	NOW MILE	Leonard J. Ru	ick, Inc., E	Ba 1to. Md. 21214
		1				



1	7-620	BALTIMORE CITY	HEALTH DEPARTMENT		00 1000
-	C9 1	000 CERTIFICA	TE OF DEATH	REG. NO.	68- 1937
	TH NO. 00 1	337 CERTITIES			
	AME OF DECEASED e or Print)	Ci i	Many g	ND HOUR OF DEATH	11000
,,	Wilson B.	(hwrch	Jeb.	17, 1968	1 /1:50 P.M.
3. 1	LACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (Whe	ere deceased lived. If in	stitution: residence before admission)
			An I	VII	01 00
FU	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	md.		11-01
	TITUTION		C. CITY OR TOWN	D. INSI	DE CITY-LIMITS?
			Baltimore		YES NO .
_	4612 Mainfield Ave.		E. STREET AND NUMBER		
0	0		4612 Main	tield Ave.	
s. s	EX 6. RACE 7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH	%. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	1 1	= =	0 12 1007	last birthdoy)	Manths Days Hours Min.
1	nale white WIDON		Jan. 13, 190/	0/	
	USUAL OCCUPATION (Give kind of work 108, KIN) during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign cauntry)	12. CITIZEN OF WHAT COUNTRY?
	Retired Watchman		Baltimore, N	11	IICA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ICC o	USVI
	C				
	Samuel W. Church		Elizabeth G	ibson	
S. Y	Nas Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	202011	ADDRESS
Tes	, na ar unknown) (If yes, give war ar dates af servi		C 1		
1	20	218140361	(alvin N. (h	urch 2401	Hermosa Ave
	18.	CAUSE OF DEATH			APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY			^	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(a rito	- 6. 0	0 1/2	
	(This does not mean the mode of dying,	(A) MARKET CLEAN	I ALLUMINA	y xaym	
	hearl foilure, osthenio, etc. It means the dise		CONSECUENCE OF:		
	injury or complication which caused death.)	an		U and	
	ANTECEDENT CAUSES	W DA	nic much	condit	
	DISEASES OR CONDITIONS, if ony, gi	ving DUE IO, OR AS	A CONSEQUENCE OF	Cucou	
	rise to the obove couse (A) stoling		1 4 (h	1/10.	- 3
	UNDERLYING CONDITION lost.	(c)	rer leusener.	- Volusia	00
	443X 11	1	-		
O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG SOI IN	100.0	· +	
E	TO THE DEATH BUT NOT RELATED TO THE TERMIN		mous ove	silly	
CA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes at N	a) 208 IF YES WERE	FINDINGS CONSIDERED
ERTIFIC	WAS PERFORMED	on minor or engineer O	20101311	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
ER	2) A ACCIDENT WAS INDESTRUCTED	010 01 4 02 02 111111111		100 - 00 100	
0	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, larm, foctory, street, off	ice bldg, INJURY OCCUR?	(If in Baltimar	e City, give exact lacation)
CAL	DEATH (notify medical exominer)	etc.)			
	21 D. TIME (Manth) (Day) (Year) (Haur)	21E, INJURY OCCURRED	21F. HOW DID IN	IURY OCCUR?	
MEDI	OF INJURY	While At Not While			
-	(APPROX.)	Wark Al Work			0 10
	22. I certify that (1) (this hospital) attend	ed the deceased from	12.30	167 1	1000
			NC.CO	14-1-10	1700
	that (I) (and last saw the deceased alive	on 207	19.6 and th	nat in (my) (out) api	nian death accurred an the date
	and haur and from the causes stated abov	e. (I) (4) (did) (did.et) vi	iew the bady after death.		
	23A SIGNATURE		· · · · · · · · · · · · · · · · · · ·		23B. DATE SIGNED
	(HIC V 0.0	Atte	nding Med.	Staff	7-02 00 1010
	1 N. Marcol	Phys		Phys.	TRUE 14.1468
	23C AH SICIANS NAME (Type)	1 00	3D. ADDRESS	0 000	Bat. In
	HARRA	() M.()	4706 Non	(LANDY)	valuman 14
244	PHONE CONTRACTOR OF THE PARTY O	DEGREE	((00)	1 COUNTRY	ma
44A	BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MAIORY 24D. L	OCATION (CI	ty, tawn, ar caunty) (State)
1	urial 2-21-68	Loudon Park (amatan. R-	1timorn 1	12
		Loudon Park (emetery Ba	ltimore, A	ADDRESS
	EB 19 1968 Reliab 2.	Fra Genta			
	ED 19 1200 APPROPRIET		Leonara y.	Nuck, ync	Baltimore, Md.
VS	150-REV, 1/1/68				



BALTIMORE CITY	HEALTH DEPARTMENT	68- 1938
BIRTH NO. 68- 1938 CERTIFICA	TE OF DEATH REG. NO.	00 1300
I, NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
(Type or Print) 6 1 LSON ILLEN	Fib 16 196	8 1 11:05 A. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If inst	titutian: residence befare admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MARYLAND C. CITY OR TOWN D. INSID	E CITY LIMITS? 3-00
SINGI HOSPITAL OF BAUTO., INC.	E. STREET AND NUMBER	YES (NO)
	8. DATE OF SIRTH 9. AGE (In years	
S. SEX 6. RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	lost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Doys Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreign country)	12. CITIZEN OF WHAT COUNTRY?
done during mast al warking lile, even if retired)	2-	2,5,
HOUSEWIFE 13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	u, u,
JOHN P. STETLER	NORA MOYER,	ADDRESS
(Yes, na ar unknawn) (II yes, give wor ar dotes of service) SECURITY NO.		No or ne sa
	HARRY W. GILSON-3636 KI	EYSTONE AVE.
DISEASE OR CONDITION DIRECTLY	н /	BETWEEN ONSET AND DEATH
LEADING TO DEATH	use this across ding In Part	um Banks
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	USE THE OCCUPATION ST. JOHN	330
ANTECEDENT CAUSES	Cerman Sand a	2 dans
DISEASES OR CONDITIONS, if any, giving DUE 10, OR AS	ac Arefymus	
rise to the abave cause (A) stating the UNDERLYING CONDITION last. (C)		
420.1		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	tes mellilus	12 170.
19A. DATE OF OPERATION WAS PERFORMED WAS	20A. AUTOPSY? (Yes or Not 20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 218. PLACE OF INJURY (e.g., hame, form, factory, street, of etc.)	in or about 21C. WHERE DID (If in Baltimare ffice bldg., INJURY OCCUR?	City, give exoct lacation)
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.) While At Work Work	le NA	
22. I certify that (1) (this haspital) attended the deceased fram	1 18 1968 10 9	116 1968
that (I) (we) last saw the deceased alive an	19 6 and that in (my) (aur) apin	L.
and have and from the causes stated above. (1) (We) (did) (did not)	view the bady after death.	
23A. SIGNATURE		23B, DATE SIGNED
Los Bonn alperal on Degree Phy	ending Med. Staff pirector Phys.	2/16/68
NAME (Type)	23D. ADDRESS	
JOEL BERRY ALPERSTEIN DEGREE	SINAL HOSP OF BALT	o
24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY of CR		
Burial 2/19/68 Meadowridge 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Wash Blvd, Md	ADDOSCO
FEB 19 1968 P. C. B. San P. C. S. S. P. C. S.	Wash Blvd, Md 2SC. FUNERAL DIRECTOR Questin E. Donovan	- 3818 Poland ave
VS 150-REV. 1/1/68		



1		1.1	-56	5		BALTIMORE CIT			DEC NO	68	1939
- 7	79 67	BIRTH	NO.	68	193	CERTIFICA	ATE OF I	DEATH	REG. NO		
V 3.	an ase th th	1. NA/	AE OF DECEA	SED	-	1		2. DATE AN	D HOUR OF DEATH	1	20
o m	- p e c .	Пуре	or Print)	Mam	e y	stroop	4	2	114/68	9	- Ce M.
1 de	of of of ath	3. PL/	CE IN BALTIN	ORE, MARYLAND, W	HERE PROMODI	CED DEAD	4. USUAL RE	B. COUN	e deceased lived. If TY	institution: residence	ce before odmission)
2 ce	hos Se and de	FULL	NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUT	TON, GIVE STREET	MARY	LAND	CITY OF B	ALTIMORE	
1 7	a ho se; (5 nda to d	IN STI	UTION		,	Lanital	BALT I		D. IN	SIDE CITY LIMITS?	mat ()
1 7	in g g	130	ohns	Hopkin	ns N	tospital	11	ND NUMBER		YE \$X	NGL
of	din din						5004	LVANHOE	AVENUE	0	
	ad and add	5. SEX	6.	RACE	7. MARRIED	NEVER MARRIED	B. DATE OF B	IRTH	9. AGE (In years	If Under 1 Yr.	If Under 24 Hrs. Hours Min.
	occurri ontribu ermine regula eased is mad	FEI	MALE	NEGRO	WIDOWED		5-14-9		lost birthday) 74	Monins Days	Nun.
70					108 HIND OF	SUSINESS OR INDUST	Y 11. BIRTHPLA	CE (State or forei	gn country)	12. CITIZEN O	FWHAT COUNTRY?
19	irect or c (4) Undet was in the decisposition	done o	Conce	king lile, even if retired)	Trivate	Vienelles	20	ed		U.S.	H.
7	de Curas	13. FA	THER'S NAME		/	,	14. MOTHER	S MAIDEN NAM	ΛE		
-	rec (4) w th th	111	1. l. C	lealura	11 /11	V.	811	en The	lson		
Z	ED OF 5	15. We	s Deceased Ev	er in U. S. Armed For	ces?	6. SOCIAL	17. INFORMA			ADD	RESS
MPORTAN	the the kin dec		LO	yes, give war ar date	s or service	SECURITY NO.	Wastit	Tard-8	ooylva	whoe a	ne.
2	0 + 500 L	18		0.0	Y	CAUSE OF DEA	47-10-6	7		APPR	OXIMATE INTERVAL
P	far far nce end d o		DISEASE	OR CONDITION DI	RECTLY	44		0-1	7 6		N ONSET AND DEATH
3	Als Als nou me			ADING TO DEATH	1.1	(A) IMMEDIATES	acarr	dia!	Infa.	retion.	<i></i>
	D O - D	h	earl failure, osl	mean the mode of thenio, etc. II meons	the disease,	DUE TO, OP A	S A CONSEQUEN	ICE OF:			
S	ner act pr ula mb	ir		calion which caused		15	nur)			
H	Ho tr			TECEDENT CAUSES		(B) (3)	ンレレ	NCC OF	#C		
M	X X X X X X X X X X X X X X X X X X X			conditions, if obove cause (A)		DUE 10, OK A	S A CONSEQUE	NCE UP:	2/1/4		
DIRECTOR:	ins ins	U	NDERLYING C	CONDITION Iosi,		(c) 110	pere	3 Vno	21114	5	*************
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4	med ned bu phy an	¥ Te	THE DEATH E	ANT CONDITIONS CO	HE TERMINAL		***********				
m m	ho dy	19		PERATION 198, CON	DITION FOR WI	HICH OPERATION	20A. AUTO	OPSY? (Yes or No	208. IF YES, WERE	FINDINGS CON	SIDERED
UNERAL	chi y a Bo th th	ERTIFIC		WAS PER				10	IN CERTIFFING C.	AUSES OF DEATH	
E	the chall by (2) By ere the physical physical efore		D CONTRIBUTION	WAS UNDERLYING ☐ NG ☐ CAUSE OF	home,	form, foctory, street,	in or obout 21 C. affice bldg., INJU	WHERE DID	(If In Boltime	ore City, give exact	location)
	italital No No			edical examiner	etc.)						
	d b Ssp tur tur tur tur tur tur tur tur tur tur	× 0	FINJURY	Aonth) (Doy) (Year)		NJURY OCCURRED		HOM DID IN1	URY OCCUR?		
	he he d	- (A	(PPROX.)		Work	At Wo		1		1.11	-
0	pro the ny ex ex	22	. I certify the	of (1) this hospital) attended the	deceased fram	2/14	168	9ta	2/14/1	3019,
	ap to fa (2);	th	of (I) (we) lo	st saw the decease	d alive on	2/14/68	19	and the	at in (my) aur) of	oinian deoth occ	urred an the date
	sed to ant of pital eath)			ram the causes sta	ted above (1)	(We) (did) (did nat)	view the bady	after death.			
	ust be ceased tident of nospital death	23	A. SIGNATURE	10 4	7 0	MAN	thending 🖂	Med.	S4_11 ===	238, DATE SIGI	NED /
			ME	Pense	lung	7 / ILDIGIEE PI	nys.	Director L	Phys	2/1	4/68
	0 - 0 >	23	NAME (Type	10 +	//	T 14	23D. ADDRESS	- /	11 1	11	.1.
	certificate m sody was relies. (1) An acc D.O.A. at a l ased prior to		Albei	rt B, E	INSTE	= IN, Ur JGRI		onns	DODKI	us to	Spilal
	# \$ 0 0 B B	24A. I	EMOVAL (Spe	cify) 24B. DATE	1, 24C. NA		REMATORY	24D. L	DCATION	City, town, or cour	(State)
		1	Dura	ce 2/14/	68 UN		eapel	Mor	Min, Ma	10.00	· Illa-
	This certi the body shows: (1) was D.O. deceased			968 P.P.	25B. NAME OF	REGISTRAR	25C. FUN	ERAL DIRECTOR	trace 1 ,	2012	DDRESS
	-+ u 3 0 3			300 Ubbal	1 E. NOW	Contract of the Contract of th	4/M	i. Cuai	mans p-1	10/1/11	alleon a
		A 12)-REV. 1/1/6B								

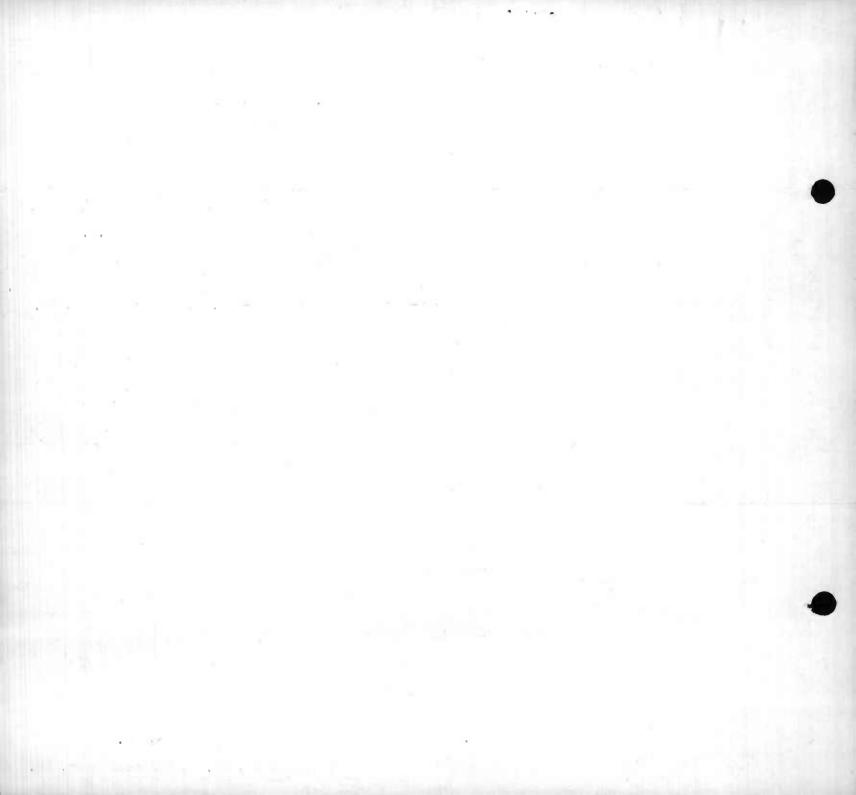
Johns Hopeins 10 10

Myocardia Intenction? ASCVD. Diabetes melitus

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Clebent B EINSTEIN, J. M. Tohns Hopkins H.

VS 150-REV. 1/1/68



FUNERAL DIRECTOR: IMPORTANT

7727	- deline		BALTIMORE CITY	HEALTH DEPARTMENT		68- 1941
1-32	9	Q 1 (341 CERTIFICA	TE OF DEATH	REG. NO.	7047
IRTH NO.			J- CERTITION			
NAME OF DEC			рошеом	2. DATE	2-15-68	70 =
1	, WILLI					TO b.
3. PLACE IN BAL	TIMORE MARYLAND,	WHERE PRON	OUNCED DEAD	A. STATE B. CC	YTAUC	institution; residence befare admissio
FULL NAME OF	AE NOT IN HOSBI	TAL OR INIST	TITUTION CIVE STREET	Baltimor	e, Md.	1807
HOSPITAL OR	ADDRESS OR LOC	ATION)	TITUTION, GIVE STREET	C. CITY OR TOWN	/	ISIDE CITY LIMITS?
NOTTUTION				Baltimor		YES NO
36				E. STREET AND NUMBE		113 22 110
2	FRANKLIN	SQUA	RE HOSPITAL		arey Stree	+
	Transaction and the same of th	1=				
5. SEX	6. RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	Months Doys Hours Min.
MALE	NEGRO	WIDOWE	DIVORCED _	2/7/1884	84	
			OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTE
done during most of	working life, even if retired)					77.7
Labo				Mt. Airy,	Md.	USA
13. FATHER'S NA	WE			14. MOTHER'S MAIDEN	NAME	
Somm	erset Dotso	n'		Mary Mil	lberry	
5. Was Deceased	Ever in U. S. Armed Fo	orces?	16. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown	(If yes, give wor or do	tes of service	SECURITY NO.			
No			214-16-1277		tson, Mt. A	
18. 4	4.41		CAUSE OF DEAT	H == SE ASSES		APPROXIMATE INTERVAL
	e obove couse (A) G CONDITION lost.	stoting t	(C)			
TO THE DEA	FICANT CONDITIONS CO TH BUT NOT RELATED TO CONDITION GIVEN IN PA	THE TERMINA		120.4	N.V. OOD 15 Mgg	
19A. DATE OF	F OPERATION 19B. CO	RFORMED	R WHICH OPERATION	NO	IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medical examiner		TB. PLACE OF INJURY (e.g., income, form, foctory, street, oftc.)	n or obout 21 C. WHERE DII ffice bldg., INJURY OCCUR	O (If in Boltim	ore City, give exact facation)
O 21D. TIME	(Month) (Day) (Year	Hour) 2	TE. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJURY			While At Nat While			
(AFFRUL)			Work At Work			
22. I certify	that (1) (this hospite	ol) ottended		August 18	1967 to F	ebruary 14 1968
that (1) (we	last sow the deceas	sed alive or	February	14 1968 and	that in(my) (aur) a	pinion death occurred on the de
			(1) (We) (dd) (did not)			
		orea obove	(i) (me), a(d) (did not)	new the body after deo	Tn _e	DATE SIGNED
23A. SIGNATI	1	1	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	andina 🗆 at Mad	T Wats F	23 B. DATE SIGNED
-	A STATE OF THE STA	Kimi		onding Med. S. Director	Staff Phys.	2-15-68
23 C. PHYSICI			/	23 D. ADDRESS		
NAME (HOLLIS	SEUNAR	TINE	930 WHITE	LOCK STREET	
AA BURIAL GE			DEGREE		7	
REMOVAL	Specify) 24B. DATE	24C.	NAME of CEMETERY OF CR	EMATORY 241	D. LOCATION	(City, town, or county) (State)
Buria	1 2/18/6	8	Woodville		Nr. Mt	Airy, Md.
	BY HEALTH DEPT.	25B. NAM	OF REGISTRAR	25C. FUNERAL DIREC	TOR	ADDRESS
EER 1	9 1968 10	423	Falley MA	OLIN MOLES	ORTH. DAMAS	CUS, MARYLAND
1 20 2		יד עט			•	•
'S 150-REV. 1/1/	OD					



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25C. FUNERAL DIRECTOR

ADDRESS

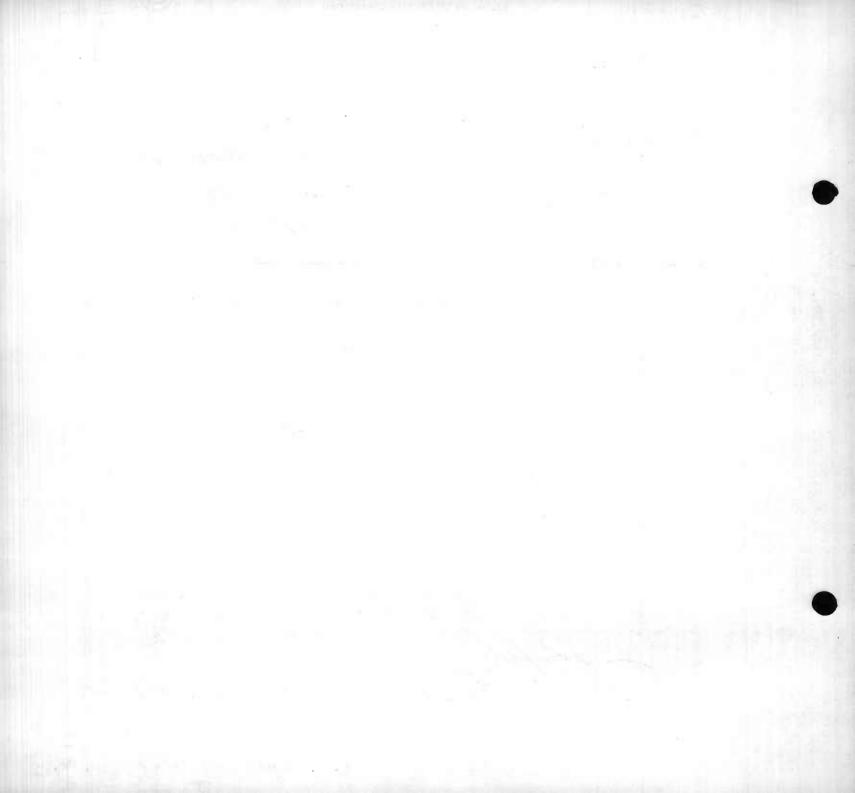
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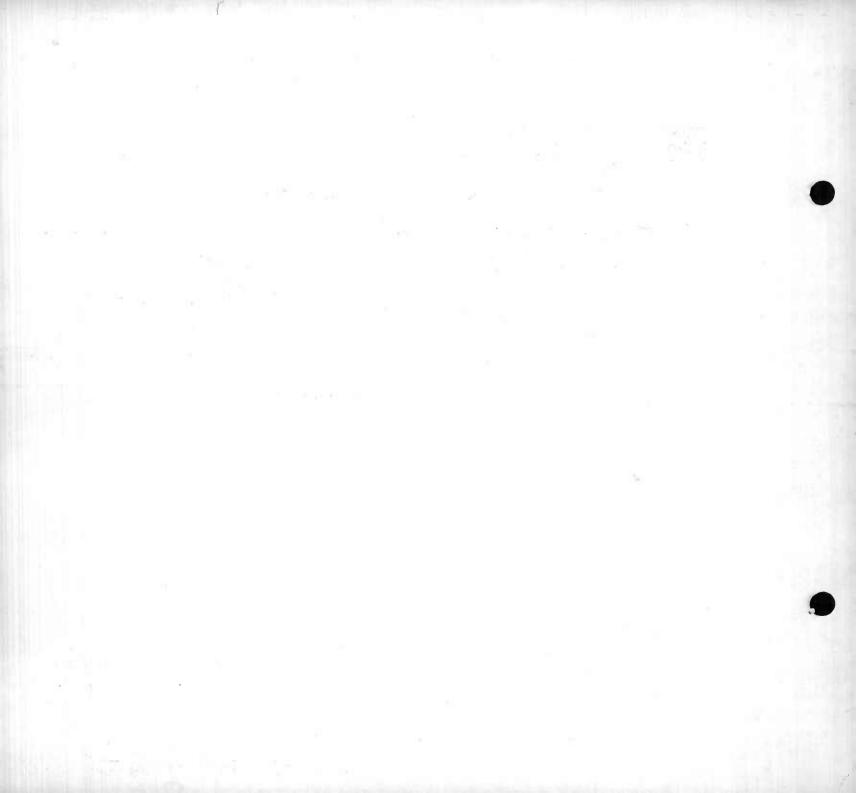
25A. DATE REC'D BY HEALTH DEPT

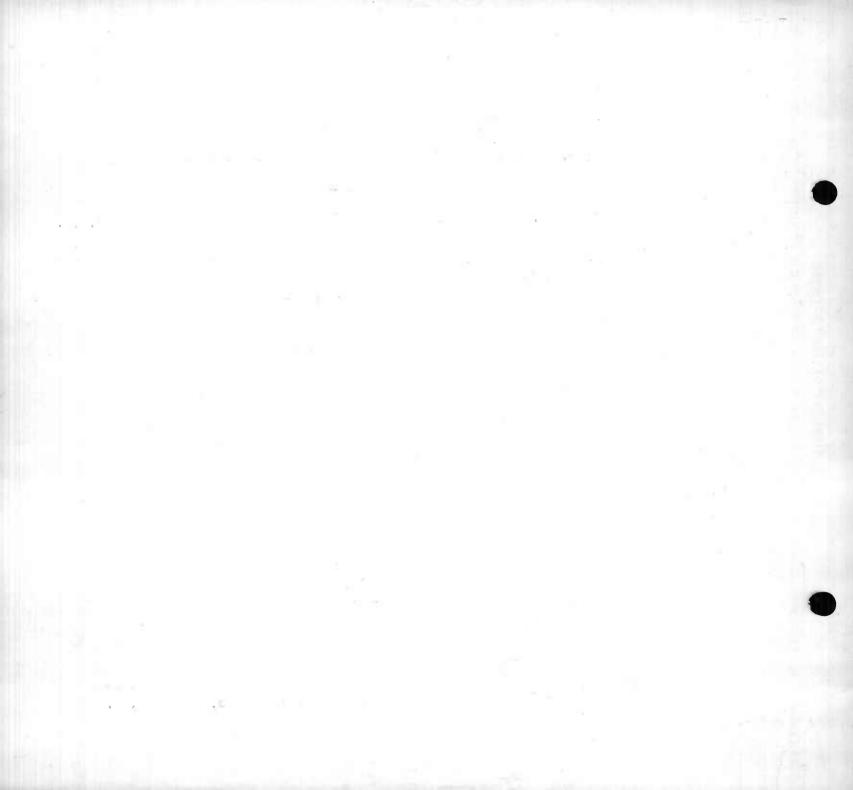
VS 151-REV. 1/1/68

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TOAD	BALTIMORE CITY	HEALTH DEPARTMENT	1	60 1010			
68-15	943 CERTIFICA	TE OF DEATH	REG NO	68- 1943			
BIRTH NO.	J'AO CERTITION		D HOUR OF DEAT	TH /			
(Type or Print) MOUENIA FAX		2.1	1 / 1	4.10 P.M			
0.000111	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY			
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	STITUTION, GIVE STREET	C. CRY OR TOWN .	ID. IN	NSIDE CITY LIMITS?			
	1/11	Keis fertown YES NO					
Jer Sheran flos pital	of prol	E. STREET AND NUMBER	11. 4	1 - 2 2 2			
				sued 150			
5. SEX 6. RACE N. MARR WIDOW			9. AGE (In years	Months Doys Hours Min.			
10A. USUAL OCCUPATION (Give kind of work 10 B. KINE	OF BUSINESS OR INDUSTRY		gn country)	12. CITIZEN OF WHAT COUNTRY?			
done during most of working life, even if retired)		parylow	d	US			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE				
Unknown Bryan		Annie Bryan					
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS			
(Yes, no or unknown) (If yes, give wor or dotes of serving)	212-32-16074	Mrs. Annie (ar	ter Reist				
18. // 01	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		46C11	1				
(This does not meon the made of dying,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	<u> </u>				
heart failure, asthenia, etc. It means the diser		A CONSEQUENCE OF:					
ANTECEDENT CAUSES							
DISEASES OR CONDITIONS, if any, giv	(B)	A CONSEQUENCE OF:					
rise la the abave cause (A) stoting	1119	en Kourala					
UNDERLYING CONDITION last.	(c)	rreconse					
z 443X II							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN							
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?			
19A. DATE OF OPERATION 19B. CONDITION F. WAS PERFORMED			IN CERTIFYING	CAUSES OF DEATH?			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o etc.)		(If in Baltin	more City, give exact location)			
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?				
OF INJURY (APPROX.)	While At Not Whi			The second second			
	Work At Work	0 0	10	9.16.63			
22. I certify that (I) (this haspital) attended	=/. /h. h		19ta	2 10 0 S 19			
that (1) (we) last saw the deceased alive			at in(my) (aur) a	ppinian death accurred an the date			
and haur and fram the causes stated above	e. (1) (We) (did) (did nat)	view the bady after death.					
23A. SIGNATURE	A++	ending Med.	Shaff	23B. DATE SIGNED			
030	DEGREE Phy	s. Director L	Phys.				
PARIAUE /	RAFEL	23D. ADDRESS	ede fe	espital.			
	DEGREE C. NAME of CEMETERY OF CR	EMATORY 24D. LC	OCATION	(City, town, or county) (State)			
REMOVAL (Specify) 2/20/68	St. Lukes (en	R	eisterstow	n. Md.			
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	AE OF REGISTRAR	retery 25C FUNERAL DIM CJOR		ADDRESS			
	2. Cours			isterstown, Md.			
VS 150-REV. 1/1/68							







IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

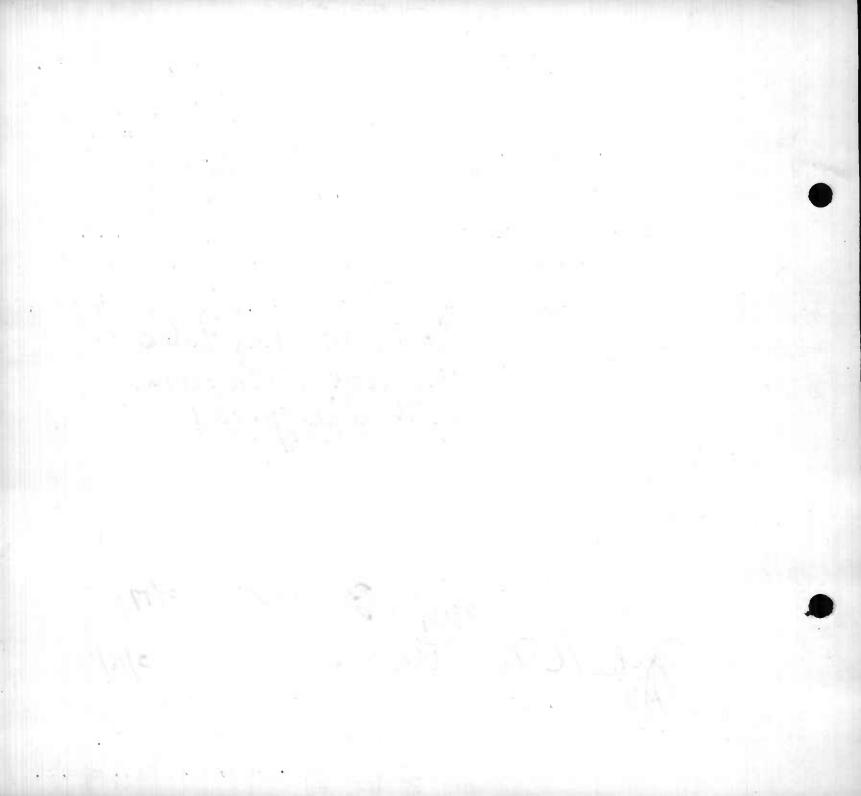
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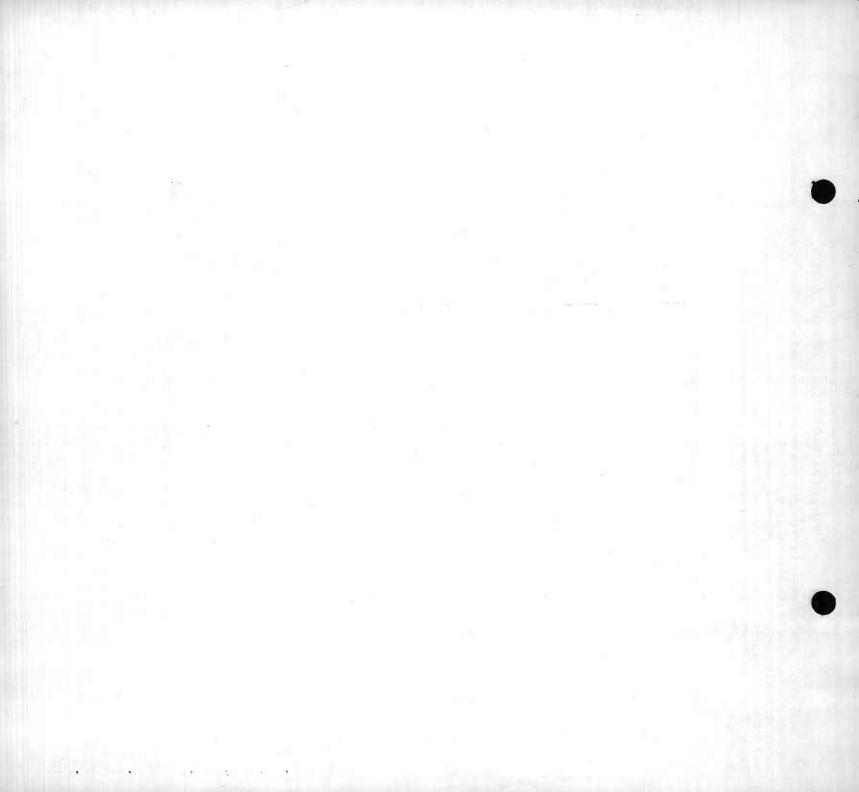
m-600		HEALTH DEPARTMENT		68- 1947	
00-	1947 CERTIFICA	TE OF DEATH	REG. NO	00 1347	
BIRTH NO. 1. NAME OF DECEASED			D HOUR OF DEATH	4	
Type or Printl MOORE, Ruppert Ed	lum mai		ruary 1968	1:00 A	
3. PLACE IN BALTIMORE, MARYLAND, WHERE P		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission			
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION Veterans Administre	INSTITUTION, GIVE STREET	Maryland c. City or town Baltimore		SIDE CITY LIMITS?	
3900 Loch Raven Boy Baltimore, Maryland		3534 E. Fayett	e Street		
	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs	
Male Caucasion wind	OWED DIVORCED	8/23/11	56	Months Doys Hours Min.	
OA, USUAL OCCUPATION (Give kind of work 108, KI one during most of working life, even if retired) LETTER CARRIER	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei		U. S. A.	
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM			
Jessie W. Moore		Lula Jones			
b. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give war or dates of se	rvice) 16. SOCIAL SECURITY NO.	17. INFORMANT VA HOST	oital Recor	ds ADDRESS	
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18. 44.07.01	CAUSE OF DEAT			APPROXIMATE INTERVAL	
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		No			
OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	or obout 21C. WHERE DID INJURY OCCUR?	(II in Baltime	ore City, give exact location)	
21D. TIME (Month) (Doy) (Year) (Hour		21F. HOW DID INJ	URY OCCUR?		
(APPROX)	While At Work Not While At Work	e 🗌			
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that XX(we) last sow the deceased oliv		10		olnian death occurred an the do	
and hour and fram the couses stated abo				and the de	
23A. SIGNATURE	over Of (ue) (aid) (MICHINE)	iew the body difer deoth.		23B, DATE SIGNED	
	Atte	ending Med.	Staff Phys.	2/17/68	
225 BUYSIGLANS	M.D. DEGREE Phy	s. U Director U			
23C. PHYSICIAN'S NAME (Type) ISMAKI ANGULO	M.D		ch Raven Bo re, Marylan		
44A. BURIAL CREMATION, 248 DATE	24C. NAME of CEMETERY OF CRI			City, town, or county) (State)	
REMOVAL IShouly	Gardens of Fai	Bal	to. County,	, do	
FEB 19 1988 A C. A. D.	AME OF REGISTRAR	25G. FUNERAL DIRECTOR		00 E. Balto. St.	
/S 150-REV. 1/1/68			,		

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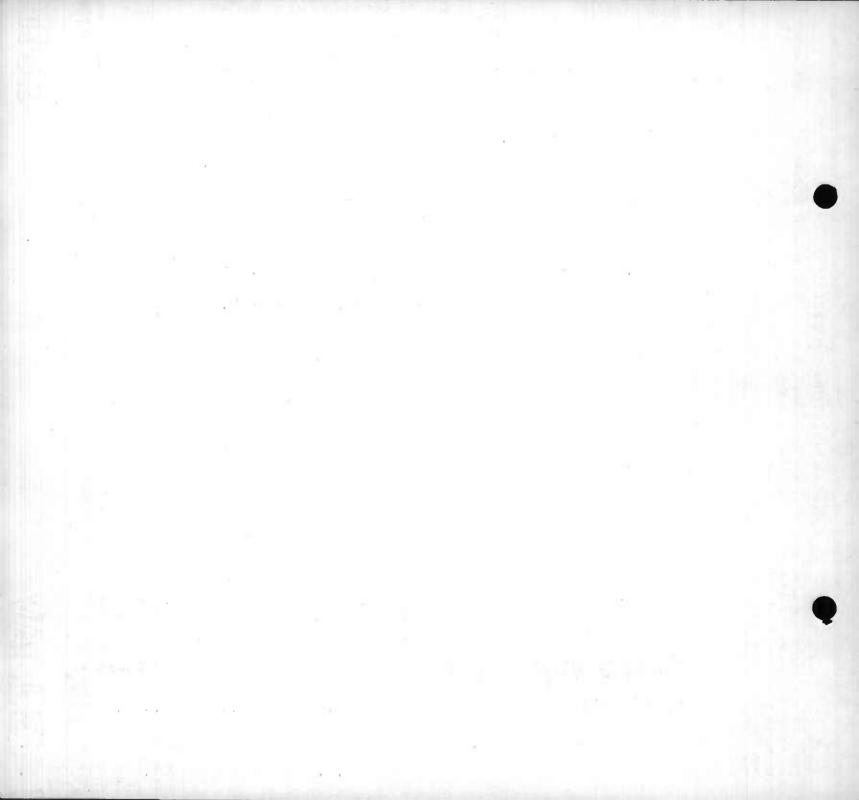
- 1				REG. NO.	68- 1948
2101	05- 1	948 CERTIFICA	ATE OF DEATH	KEO. 140	
	NAME OF DECEASED			ND HOUR OF DEATH	1
(Тур	pe or Print) James XXXXXX	McF Lwee			
3. P	PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Who	ere deceased lived. Il	1968 9 A
			A. STATE B. COU	NTY	
FUL	JLL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN		SIDE GITH HUMES A A
INS	STITUTION			D. IN	SIDE CITY LIMITS?
	001 0 1		E. STREET AND NUMBER		YES ND N
7	804 Dumbarton Ave.		804 Dumbarto	n Ave.	
5. S	SEX 6. RACE 7. MAAPA		B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 2
	MARK	IED MEVER MARRIED		lost birthdayl	Months Doys Hours
	nale White WIDOW		Oct. 6, 1906	67	To Clark Of Wilder
	A. USUAL OCCUPATION (Give kind of work 10B, KINE ne during most of working lite, even if retired)	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT CO
	Tool maker Air	craft	Pennsylvania		U.S.A.
	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	Jeremiah McElwee		Margaret Gall	en	
	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	.Gr6	ADDRESS
	s, no or unknown) (If yes, give wor or dates of servi	SECURITY NO.			
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	18. 16 9 1 I	CAUSE OF DEAT	TH	10	APPROXIMATE INT
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	LEADING TO DEATH	Caraca) wand of !	y /all	LQ
	(This does not meen the mode of dying,		A CONSEQUENCE OF:	(-)	
	heart failure, asthenia, etc. It means the dise- injury or complication which coused death.)	se, Banan	1/2/62 . /		
	injuly or complication which coused death,				
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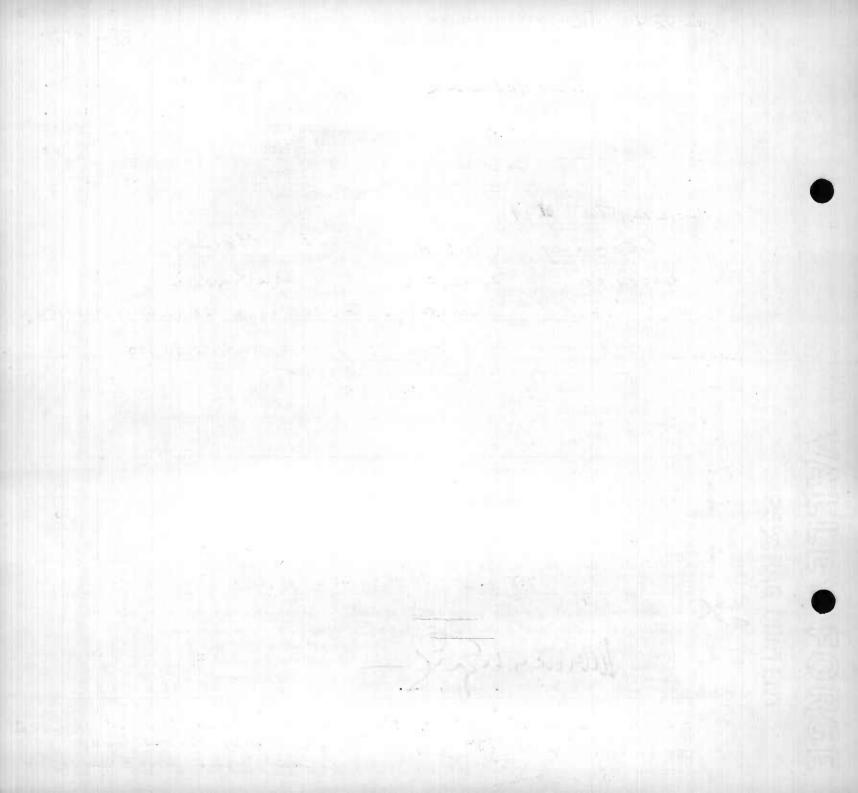


1	1/5	is to	BALTIMORE CIT	Y HEALTH DEPARTMENT		0101
BIRT	HNO. LEVIN D	ok me	CERTIFICA	ATE OF DEATH	REG. NO	68- 1949
1. N	AME OF DECEASED OF Print) LEVIN ME	R ME	YFR		D HOUR OF DEATH	4-30 AM
3. P	LACE IN BALTIMORE MARYLANI		1 - 1	4. USUAL RESIDENCE (When	e deceased lived. If in	stitution: residence before admission)
FUL HO:		SPITAL OR INS	TITUTION, GIVE STREET	A. STATE B. COUN BOLTI C. CITY OR TOWN	MORE D. INSI	DE CITY LIMITS?
. 7	HUREH HOME P	AND HO	SPITAL	BALTIMORE E. STREET AND NUMBER 111. N. ELLWOO		YES NO
5. SE	X 6. RACE	[7]		DATE OF BURTON	2 105 11	If Under 1 Yr. , II Under 24 Hrs.
	m W	WIDOW		11-10-92	last birthdoy)	Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of during most of working life, even if reting the Driver		OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY
3. F	ATHER'S NAME			14. MOTHER'S MAIDEN NAM	ΛE	
1	SMIL LEVIN			MARY NA		
	/os Deceosed Ever in U. S. Armeno or unknown) (If yes, give wor or		16. SOCIAL SECURITY NO. 218-03-9362	WIFE	111, N, E.	LLWOUDAVE.
-	18 (/ /)		CAUSE OF DEA		, ,	APPROXIMATE INTERVAL
TION	ANTECEDENT CAL DISEASES OR CONDITIONS, rise la lhe abave cause UNDERLYING CONDITION last OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED	if any, give (A) stating	ing OUE TO, OR A	Lisiere Cer Per s a consequence of: Primmina Gos		macration ducho?
	DISEASE OR CONDITION GIVEN IN		PR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	10 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
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NE N	21 D. TIME (Month) (Doy) (1 OF INJURY (APPROX.)		21E, INJURY OCCURRED While At Not Wh Work At Work	21F. HOW DID INJ	URY OCCUR?	
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	and hour and fram the causes 3A. SIGNATURE	Stated and A6	· (i) (iie) (ala) (ala not)	view the body offer death.		238, DATE SIGNED
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-	Francesco 23C. PHYSICIAN'S NAME (Type)	15al	Larger DEGREE Ph	ending Med. pirector 23D. ADDRESS	Shaff Phys.	7/8/68
24A.	BURIAL CREMATION, 24B. DAT REMOVAL (Specify)) A () E 240	NAME of CEMETERY OF C	REMATORY 24D. L	OCATION (Ci	ty, town, or county) (State)
	0 1	20/68 258. NAN	Meadowaidge M	emonsian de Rector	Howard Cou	nty ADDRESS
	FEB 19 1968 R.C	Sec 6 . 4	Farberta	John A. Moi	ran, Inc. 300	0 E. Balto. St

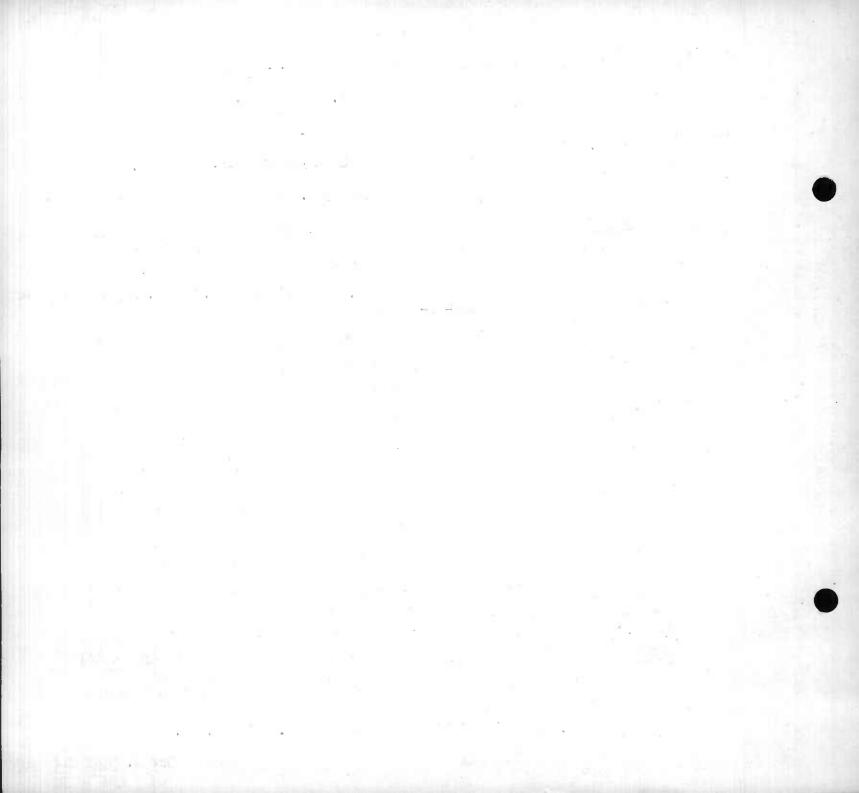


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Type or Print)		7 7.777	A TOMONT		ATE AND HOUR OF	DEATH		
B PLACE IN R	LOUISE I			14. USUAL RESIDENC	-16-68 E (Where deceased)	ived. If institu	ution: residence before	odmissio
. PLACE IIV B	ALIMONG MARIEAND, N	HERE PRO	NOUNCED DEAD	A. STATE B.	COUNTY		07	11
ULL NAME O	OF (IF NOT IN HOSPIT ADDRESS OR LOCA	STITUTION, GIVE STREET	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS					
NSTITUTION	Leal Da			Baltimo	ma		ST NO	1
2	4504 Roland	Ave.		E. STREET AND NUM	MBER	1		
20				4504 Ro	land Ave.			
SEX	6. RACE	7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In y lost birthdoy)	eors II	Under 1 Yr. If Undonths Doys Hours	der 24 Hr Min.
F	W	WIDOW		3-8-1892	75			
	CUPATION (Give kind of world of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	e or foreign country)	1	2. CITIZEN OF WHAT	COUNTI
Homema		Own	Home	Maryland	d		USA	
FATHER'S N	IAME			14. MOTHER'S MAID				
George	B. Hazelhur	est		Charlotte	e M. Gill			
. Was Deceos	sed Ever in U. S. Armed For wn) (If yes, give wor or dote	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
No	, ,		213-46-4234	Dr. Lawre	ence R. W	hartor	a Above	3
1B. //	701		CAUSE OF DEATH	4			APPROXIMATE BETWEEN ONSET	
420	NG CONDITION lost.							*********
DISEASE OF	ATH BUT NOT RELATED TO T R CONDITION GIVEN IN PAR	T 1 (A).						
19A. DATE	OF OPERATION 198. CON WAS PER		OR WHICH OPERATION	NO	es or No. 208. IF YE	S, WERE FINI YING CAUSE	S OF DEATH?	
OR CONTR	DENT WAS UNDERLYING DENTING CAUSE OF		21B. PLACE OF INJURY (e.g., it home, form, foctory, street, of etc.)	n or obout 21 C. WHERE fice bldg., INJURY OC	DID CUR? (If i	n Boltimore C	ity, give exoct location	
21 D. TIME	(Month) (Doy) (Year)	(Hour)	21E. INJURY OCCURRED		DID INJURY OCCUR	1?		
(APPROX.)			While At Not While Work At Work	e 🔲				
22. 1 care	ify that (1) (this_haspita	L attende		About	19 65 to	7-160	rescut	968
			an 2-/6	1968	and that in (my)	(our) apinio	n death occurred a	
			e. (I) (We) (did) (did not) v				The second of	,,,,,,
23A. SIGNA		. 55 550 70	\., \	The body offer		23	B. DATE SIGNED	
Re	Di > M (Zu	Atte	nding Med.	r Staff Phys.		2-16-68	1
23C. PHYSIC	CIAN)	DE GREE	23D. ADDRESS	,		, 4 6)
NAME	100 E 10/00/	21	n. D	OF Char	no Ct D	-7 th -	Ma	
A. BURIAL C	REMATION, 248, DATE	1240	C.NAME of CEMETERY OF CRE	9 E. Chas	Se St. B	alto (City,	town, or county)	(Stote)
	1	Q						
Burial	2-19-6	258. NAA	St. Johns	2SC. FUNERAL DI	Ellicot	City	ADDRESS	Md.
FEB 19	1968 Robert	E. J.	2 deup 1			ns Co.	4905 York	Rd
\$ 150-REV, 1/	1/6B						Balto. 1	id.





3. F	PIETRO PARES PLACE IN BALTIMORE, MARYLAND, V		ARTIDE OR PAR	4. USUAL RESIDENCE	T6 1968 Where deceased lived. I	If institution; residence before odi
HO	LL NAME OF SPITAL OR ADDRESS OR LOC	TAL OR INSTITU	JTION, GIVE STREET	Md. BA	LTO.	NSIDE CITY LIMITS?
9	GOULD CONV. HOME			E. STREET AND NUMBE		YES # NO -
S. S	EX 6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	II ASE (In years	GH ST II Under 1 Yr. , If Under
	M W	WIDOWED		JULY 3rd. 188	lost birthdoy)	Months Doys Hours
done	USUAL OCCUPATION (Give kind of wore during most of working life, even if retired)	STEE				12. CITIZEN OF WHAT CO
	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
	????			?????		
	Was Deceased Ever in U. S. Armed Fo ,,no arunknown) (II yes, give war or dat		1 6. SOCIAL SECURITY NO.	17. INFORMANT	ENTI RT. II	BX. II9 PASADENA
-	1B. 44.		CAUSE OF BEA	тн	1000	APPROXIMATE INT
Ι.	DISEASE OR CONDITION D	IRECTLY		~		
	LEADING TO DEATH		(ANIMMEDIATE CA	USE Coronary	Ouluses	n I day
	(This does not mean the mode of		DUE TO, OR AS	AUSE Coronary S A CONSEQUENCE OF: Achirosis Ca		
	heart failure, asthenia, etc. It means injury or complication which causes		Cata	Selevasio Ca	whi - VANC	ules
	infully of complication which coases	9 99011111	uuch	-	11000	10 1, 1
	ANTECEDENT CAUSE		Disc	nac		Ank no
		S	Disc.	nac S A CONSEQUENCE OF:		Ank no
	ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the obove couse (A)	S ony, giving	Disc.	nac		link no
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z	ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION tost.	ony, giving stoting the	Disc.	nac		Ank no
TION	ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION tost. TO THE SIGNIFICANT CONDITIONS COUNTY TO THE DEATH BUT NOT RELATED TO	ony, giving stoting the	Disc.	nac		And no
ICATION	ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTINUES TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA 19A. DATE OF OPERATION 19B. CO.	ony, giving stoting the DNTRIBUTING THE TERMINAL RT I (A).	Disc.	nac		
RTIFICATION	ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTINUES TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA 19A. DATE OF OPERATION 19B. CO.	ony, giving stoting the DNTRIBUTING THE TERMINAL RT 1 (A).	(B) DUE TO, OR A	S A CONSEQUENCE OF:		ERE FINDINGS CONSIDERED CAUSES OF DEATH?
AL CERTIFICATION	ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTINUES TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA 19A. DATE OF OPERATION 19B. CO.	ony, giving stoting the DNTRIBUTING THE TERMINAL INTO FOR VERFORMED	(B) DUE TO, OR A (C) WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, form, foctory, street,	S A CONSEQUENCE OF:	r No) 208. IF YES, WE IN CERTIFYING	
CAL CE	ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITION GIVEN IN PARTICULAR CONDITION GIVEN IN PARTICULAR CONDITION GIVEN IN PARTICULAR CONDITION GIVEN IN PARTICULAR CONTRIBUTING CAUSE OF DEATH (notily medical exominer)	ony, giving stoting the Stoting the TERMING THE TERMINAL RT 1 (A). NOTION FOR VERFORMED	(C)WHICH OPERATION PLACE OF INJURY (e.g., e, form, foctory, street,	20A. AUTOPSY? (Yes of in or obout 21 C. WHERE DI office bldg., INJURY OCCU	r No) 208. IF YES, WE IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
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MEDICAL CE	ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITION S CO. TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA. 19A. DATE OF OPERATION 1798. CO. WAS PEI OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this hospital)	ONTRIBUTING THE TERMINAL IRT 1 (A). NOTION FOR V REFORMED 218. hom etc.) (Hour) 21E. Whi Woi	(C)	20A. AUTOPSY? (Yes of in or obout 21C. WHERE DI office bidg., INJURY OCCU	INJURY OCCUR?	ERE FINDINGS CONSIDERED CAUSES OF DEATH? imore City, give exact location)
MEDICAL CE	ANTECEDENT CAUSE: DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITION S CO. TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA. 19A. DATE OF OPERATION 198. CO. WAS PEID OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21 D. TIME (Month) (Doy) (Yearly INDERDEATH (notily medical examiner) 22. I certify that (I) (this hospital that (I) (ma) lost sow the decease and hour and from the causes stored.	ONTRIBUTING THE TERMINAL IRT 1 (A). NOTION FOR V REFORMED 218. hom etc.) (Hour) 21E. Whi Woi	(C)WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, le, form, foctory) INJURY OCCURRED Sile At Not When At Work At	20A. AUTOPSY? (Yes of a superior of side of si	INJURY OCCUR?	imore City, give exact location Sor. 16 opinion death occurred on t
MEDICAL CE	ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITION S CO. TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA. 19A. DATE OF OPERATION 19B. COI WAS PEI OR CONTRIBUTING CAUSE OF DEATH (notily medicol exominer) 21D. TIME (Month) (Doy) (Year OF INJURY (APPROX.) 22. I certify that (I) (this hospitated that (I) (ma) lost sow the decease and hour and from the causes stated and controlled that (I) (This hospitated that (II) (This hospitated that	ONTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR V RFORMED 218. Whi Wo att attended the sed alive on atted obove. (I	(B) DUE TO, OR A (C)	20A. AUTOPSY? (Yes of price of	INJURY OCCUR? 1966 ta 70 dthat in(my) (our)	imore City, give exact location Sor. 16 opinion death occurred on t
MEDICAL CE	ANTECEDENT CAUSE: DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITION S CO. TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA. 19A. DATE OF OPERATION 198. CO. WAS PEID OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21 D. TIME (Month) (Doy) (Yearly INDERDEATH (notily medical examiner) 22. I certify that (I) (this hospital that (I) (ma) lost sow the decease and hour and from the causes stored.	ONTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR V RFORMED 218. Whi Wo att attended the sed alive on atted obove. (I	(B) DUE TO, OR A (C)	20A. AUTOPSY? (Yes of a superior of side of si	INJURY OCCUR? 1966 ta 70 dthat in(my) (our)	imore City, give exact location Sor. 16 opinion death occurred on t
MEDICAL CE	ANTECEDENT CAUSE: DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION lost. TO THE SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA 19A. DATE OF OPERATION 19B. COI WAS PEID OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21 D. TIME (Month) (Doy) (Yearl (APPROX.) 22. I certify that (I) (this hospital that (I) (ma) lost sow the decease and hour and from the causes stated and the couses stated and the couse stat	ONTRIBUTING THE TERMINAL IRT 1 (A). NOTITION FOR V REFORMED 218. hom etc.) (Hour) 21E. Whi woi	(B) DUE TO, OR A (C)	20A. AUTOPSY? (Yes of in or obout 21C. WHERE Dioffice bidg., INJURY OCCU 21F. HOW DID	INJURY OCCUR? 1966 ta 70 dthat in (my) (our) 1966 Arg.	ere FINDINGS CONSIDERED CAUSES OF DEATH? imore City, give exact location) popinion death occurred on to the signed of the sign
MEDICAL CE	ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITION S CO. TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA. 19A. DATE OF OPERATION 19B. COI WAS PEI OR CONTRIBUTING CAUSE OF DEATH (notily medicol exominer) 21D. TIME (Month) (Doy) (Year OF INJURY (APPROX.) 22. I certify that (I) (this hospitated that (I) (ma) lost sow the decease and hour and from the causes stated and controlled that (I) (This hospitated that (II) (This hospitated that	ONTRIBUTING THE TERMINAL IRT 1 (A). NOTION FOR V REFORMED 218. Who worth attended the sed alive on anted obove. (I	(B) DUE TO, OR A (C)	20A. AUTOPSY? (Yes of in or obout 21C. WHERE DI office bidg., INJURY OCCU 21F. HOW DID 22F. HOW DID 22F. HOW DID 23D. ADDRESS 23D. ADDRESS 23D. ADDRESS 23D. ADDRESS 23D. ADDRESS 24F. AUTOPSY? (Yes of the inches the inches in the in	INJURY OCCUR? 1966 ta 70 dthat in(my) (our)	ere FINDINGS CONSIDERED CAUSES OF DEATH? imore City, give exact location) popinion death occurred on to the state of the



	1-3% BALTIMORE CITY HEALTH	DEPARTMENT	68- 1903
W.	BIRTH NO. 68- 1903 CERTIFICATE OF	FDEATH	Registered No.
	(Type or Print) Annie S. Litak	er	DATE OF DEATH
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE Where deceased A. STATE B. COUNTY	lived. If institution; residence before admission)
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION STREET STRE	13A/timore	city limits, write RURAL and 145 miship 6
	OOBAltimore 16 md-	D. STREET ADDRESS 3308 TA+C	Street-
	FRMALE NEARD WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE lost b	(In years If Under I Yr. If Under 24 Hrs. Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give find of work loss. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	II. BOTHPLACE (State or foreign country	y) 12. CITIZEN OF WHAT COUNTRY
1	House Wife None	14. MOTHER'S MAIDEN NAME	(4.3.4.
	5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	ANNA BA	ADDRESS
	Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	EvelynCAM	phell, same
	18.2 0 0 1 9 CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	eriosclerofic He	Art 2-4ms
	(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or camplication which caused death.)	Up. Lougue	
	ANTECEDENT CAUSES (B) DUE TO	1/00/ 603/08	HEAVI BUSS
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.	Diabetes	10 yrs.
	S 2 6 0 X III		/
Hi	TO THE DEATH BUT NOT RELATED TO THE AW DIL	400	
1	IF OPERATION WAS RELATED TO 19A. DATE OF OPERATION 19	B. CONDITION FOR WHICH OPERATION AS PERFORMED	20. AUTOPSY?
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)		f in Baltimore City, give exact location)
1	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCU	JR?
1	WHILE AT NOT WHILE WORK AT WORK		
	7 et . 10 1968, that (1) (we) lost saw the		el. (5) 1968
	and that in (my) (aur) opinion death occurred at 6130 /2 m.	from the couses and on the date st	tated abave.
	ATTENDING HE STEED DIRECTOR STAFF PAYS. 238.	127 SWALE Rd	720. Has 1968
	248. BURIAN OREMATION, 248. DATE / 24C. NAME of CEMETERY OF CREM. REMOVAL (Specify) 2/21/68 Mit. Calvary		Arendel Cty, Md
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
-	FEB 19 1968 02 P E . STEAM	WM. MARCH	+ 928 E, North Ave
11	\$ 130		



VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

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IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/6B

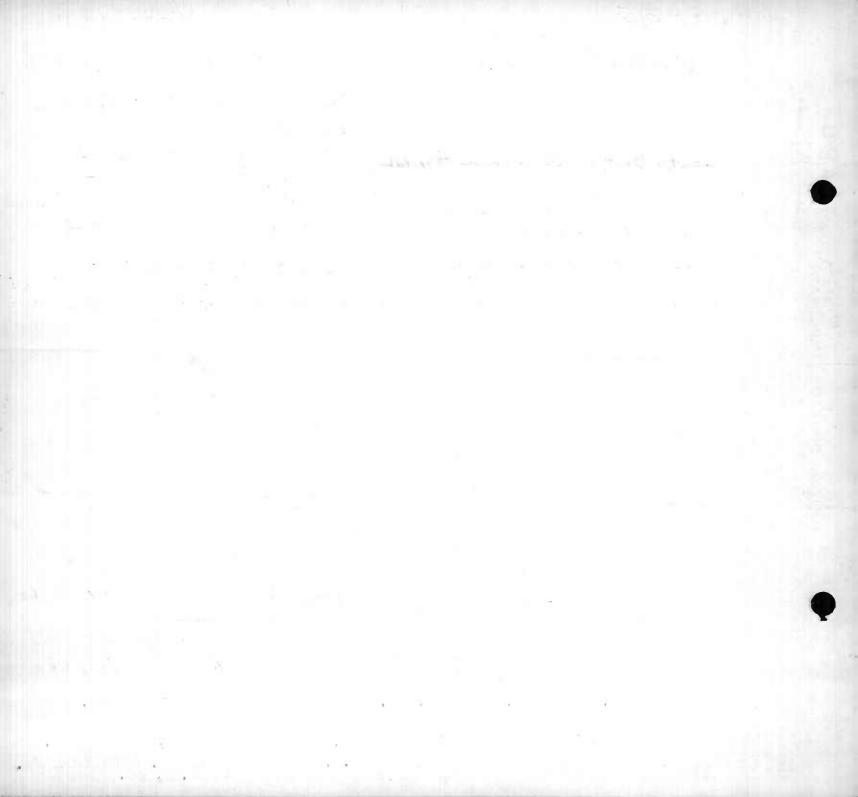
BALTIMORE CITY HEALTH DEPARTMENT

NO

Haurs

BETWEEN ONSET AND DEATH

If Under 24 Hrs.



VS 150-REV. 1/1/6B

89-11-5-Meridina gross metalogical of the 2-104 VE2 NO. What Demon mo x 2 see

24C. NAME of CEMETERY or CREMATORY

25B NAME OF REGISTRAR

E, Stable MI

Loudon Park Cemetery

24D. LOCATION

25C. FUNERAL DIRECTOR

Baltimore.

(City, town, or county)

ADDRESS

237 Patapsco Ave. 21225

Maryland

(Stote)

24A. BURIAL CREMATION,

25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)

Burial

VS 151-REV. 1/1/68

24B. DATE

2/19/68

In Continue to the State of the one was a cartest .aw all figures and among the same of the control of th

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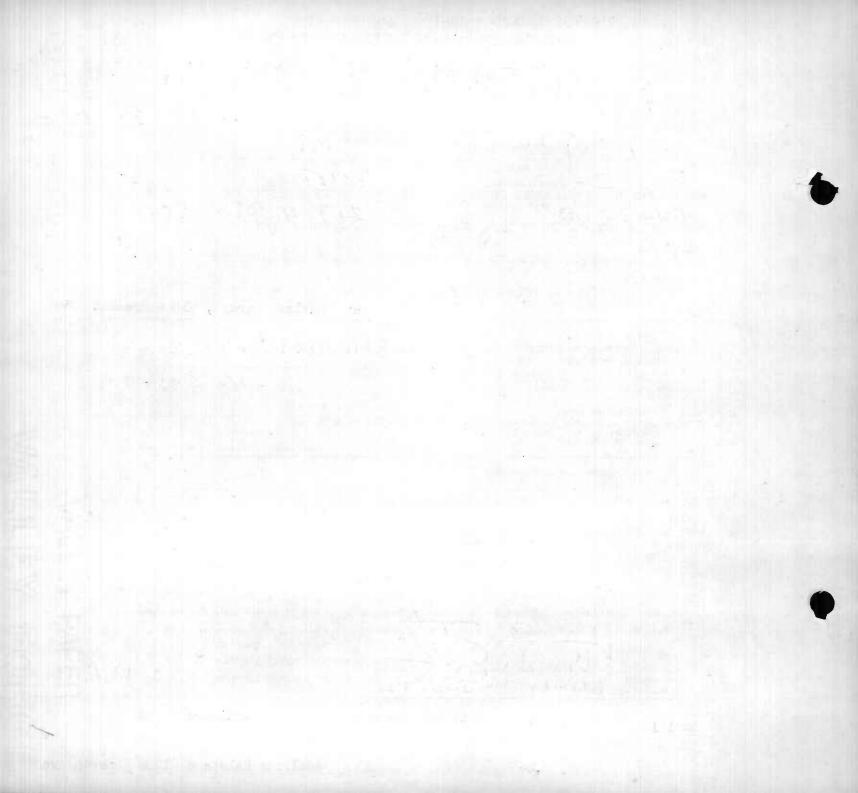
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M. 250 00	BALTIMORE CITY	HEALTH DEPARTMENT		00 1055
68-	1955 CERTIFICA	TE OF DEATH	REG. NO	68- 1955
IKIII IVO.	1000 CERTIFICA			
NAME OF DECEASED			OUR OF DEATH	
Mason, Jen	nien	2-17-		1 4:15 p. N
CERTIFICAND WHEE	OR INSTITUTION, GIVE STREET	Maryland	eceosed lived. If insti	tution: residence before admission
OSPITAL OR ADDRESS OR LOCATION	2.18_68	C. CITY OR TOWN	D. INSIDE	CITY LIMITS?
Provident Hospit	a.L	Baltimore.	,	YES X NO
1514 Division St	reet	E. STREET AND NUMBER		
Baltimore, M ryl	and	TOTA MCCDI	loh Street	
	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. A	GE (In years	If Under 1 Yr. , If Under 24 Hrs.
	VIDOWED TO DIVORCED		birthdoy)	Months Days Hours Min.
Female Negro		?	72	12. CITIZEN OF WHAT COUNTRY
one during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRI	11. BIRTHFLACE (Store of foreign	country	12. CHIZEN OF WHAT COUNTRI
Unemployed		Maryland		U. S. A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Thomas H ill		Jennie		
5. Was Deceased Ever in U. S. Armed Forces' 'es, no or unknown) (If yes, give war or dates of		17. INFORMANT	4	ADDRESS
	215-42-7570	Mrs. Pearl Wrigh	2001 M	afdison Ave
18.	CAUSE OF DEAT	100		APPROXIMATE INTERVAL
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if only rise to the obove couse (A) ste UNDERLYING CONDITION lost.		haemorrha A CONSEQUENCE OF:) e ,	
THER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED TO THE TE DISEASE OR CONDITION GIVEN IN PART 1	RIBUTING ERMINAL			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFOR	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or Not 2	OB. IF YES, WERE FIN N CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, factory, street, o etc.t	in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Boltimore	City, give exact tocation)
21 D. TIME (Month! (Doy! (Year! () OF INJURY (APPROX!)	Hourt 21E, INJURY OCCURRED White At Not White At Work Work At Work		OCCUR?	
22. 1 certify that (1) (this hospital) o		2 20 / 61	10 2-17	-68 19
that (I) (we) lost sow the deceased of			in (my) (our) opini	on deoth occurred on the dot
and hour and from the causes stoted	obove. (1) (We) (did) (did nat)	view the body ofter deoth.		
23A. SIGNATURE	- I			23B. DATE SIGNED
() (ending Med. Sta	ff. 🚾	2-19-68
22C BHYSICIANES	DEGREE Phy	22D ADDRESS		
23C. PHYSICIAN'S NAME (Type) RAJ	MANE DEGREE	1514 Divis	ent Hospita sion Street	
4A. BURIAL CREMATION, REMOVAL (Specify) 2/21/68	24C. NAME of CEMETERY OF CR	emetry 24D. LOCA	County C	town, or county) (Stotet
Burial 25A. DATE REC'D BY HEALTH DEPT. 25	& NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
FEB 20 1968 Robert	E tarber MA	Adelphus Hals	tead 1206 N	
'S 150-REV, 1/1/6B				

v.s. 153 3-18-68 M.H.

Adolphus Halstead 1206 W North Ave

VS 151-REV. 1/1/68



L-520

68- 1957 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH,

68- 1957

BIRTH NO.	REG. NO.
1. NAME OF DECEASED ROBERS Samuel 2019	2. DATE Known Month Day Year Hour OF DEATH Estimated 2 12 68 220 A M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 2 12 68 224 M.
33 TH Johns Hopkins Hospital	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
8. MARRIED X NEVER MARRIED WIDOWED DIVORCED	C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Haurs, Min.	E STREET AND NUMBER
Nov. 8, 1921	1, Bouldin ave-419 21224
Baltimore, Md. 12. CITIZEN OF WHAI COUNTRY? U.S.A.	Samuel Long
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	
Sweeper Balto. City Sanitat	765
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Sophie Long, wife, above (nee Kutrik)
19. A G CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY	had locate on 150
LEADING TO DEATH (A)IMMEDIATE (CAUSE CAUSE
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	AS A CONSTRUCTOR DISEASE
injury ar complication which caused death.)	Varsaction Deserve,
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
Z UNDERLYING CONDITION LAST. (C)	
F 4221 "	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes or No)
5	No
Z22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.,	in ar about 22C. WHERE DID (If in Boltimore City, give exact location)
UNDERLYING OR CONTRIB-	e bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY	22F. HOW DID INJURY OCCUR?
(APPROX) WHILE AT NOT	WHILE OVERK
23.	
	tapsy and that on this basis, deoth in my apinian
resulted fram: Natural causes Accident Suicio	
ACTUAL MOONED ST	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE CONTROL M.D.	
EXAMINER'S WETHER U. Spirz	ASSOCIATE MEDICAL EXAMINER
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	ar CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 2/21/68 Baltimore Na	tional Cem. Balto. Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
be 20 1968 Relate E. Fallym	Schimunek Funeral Home 2601 E. Madison Street 21205
	COOT - MAGIZON DILEGI ZIZOS

MERCHEL ELLIST - CAMP OF SE print the contract of the cont Witnesday Dairy C.

E-652

68- 1958 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

Falad	1 2	2 2 24	11 6-	5T-00
4 2 2 5 25	South M.	had been	To Plani	1958
			00	1000

INJURY OF DECEASED County Furnish	MEDICAL EXAMINER'S (CERTIFICATE OF DEATH REG. NO.
Comparison Com		2 DATE Known XI Month Day Year Hour
FRONTING CALIDON OR INSTITUTION JOHNS HOPKINS HOSPITAL SUBJECT OF BIRTH JOHNS OF BIRTH JO	(Type or Print)	OF 2 17 1968 11:10 P.
DOREST OR COADION DISTRIBUTION JOHNS HOPKINS HOSPITAL S. USUAL RESIDENCE (Where deceased fired. Entiretime, residence believe definition) JOHNS HOPKINS HOSPITAL S. SEK JOHNS HOPKINS HOSPITAL JOHNS HOPKINS J	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	
4. STATE Maryland 8. COUNTY 9. DATE OF BIRTH March 13, 1918 10. AGE (be year) WINDOWED DIVIDION DIVID	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	Z 1/ 1900 · 11:40 PM
March 13, 1918	Johns Hopkins Hospital	0.00000000
MIDOMED DIVORCED D	6. SEX 7. RACE 8. MARRIED X NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS!
March 13, 1918	M	
13. BETHERACE (Stote or foreign country) 12. CILIZEN OF WHATCOUNTRY 13. FATHER'S NAME 14. MIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MADDEN NAME 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. NIFORMANT (nee Rosenberger) ADDRESS 18. NIFORMANT (nee Rosenberger) ADDRESS 18. NIFORMANT (nee Rosenberger) ADDRESS WWIT 17. SOCIAL 18. NIFORMANT (nee Rosenberger) ADDRESS 18. NIFORMANT (nee Rosenberger) ADDRESS MWIT 18. NIFORMANT (nee Rosenberger) ADDRESS MWIT 18. NIFORMANT (nee Rosenberger) ADDRESS MWIT ATTENDATE CAUSE OF DEATH	last birthday) Manths , Days , Hours , Min.	
Baltimore, Maryland WalsQual Occupation(Gree and olevan) 48. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME Postal Clerk		13 FATHED'S NAME
Considering most of verying lile, even it retired U.S. Gov't Mary Blotchamp Considering most of verying Considering	WHAT COUNTRY?	_ Ernst
Postal Clerk I. WAS DECASED EVER IN U.S. ARMED FORCES? IV. WAS DECASED EVER IN U.S. ARMED FORCES? IV. SCICILI, SECURITY NO. Helen Ernst, above, wife APPROXIMATE INTERVAL SECURITY NO. Helen Ernst, above, wife APPROXIMATE INTERVAL SECURITY NO. Helen Ernst, above, wife APPROXIMATE INTERVAL SECURITY NO. SECURITY NO. Helen Ernst, above, wife APPROXIMATE INTERVAL SECURITY NO. Helen Ernst, above, wife APPROXIMATE INTERVAL SECURITY NO. SECURITY NO. Helen Ernst, above, wife APPROXIMATE INTERVAL SECURITY NO. B. APPROXIMATE INTERVAL SECURITY NO. HOLO OF AS A CONSEQUENCE OF: B. DUE TO, OR A	14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
SECURITY NO. SECU	Postal Clerk U.S. Gov't	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failing, eathering, etc.), heart failing, eathering, etc., etc., heart failing, eathering, etc., etc., heart failing, eathering, etc., etc.	16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO	18. INFORMANT (nee Rosenberger) ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (Ihis does not mean the made of dying, e.g., Industry complication which coused death.) Antecepent cause (a) MIMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: (A) MIMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C) (B) DUE TO, OR AS A CONSEQUENCE OF: (C) (DITER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF LATED TO THE TERMINAL DISEASE OR CONDITION OF THE		
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Children Cause C		-scieroric cardio Asserrar disease.
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ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED 220. DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 221. AUTOPSY? (Yes or No) 222. EXTERNAL CAUSE WAS UNDERLYING CONTRIB. UNDERLYING CONDITION GIVEN IN PART 1 (A). 222. DITME (Month) (Doy) (Yeor) (Hour) 222. INJURY (e.g., in gr about) 22C. WHERE DID (If in Bollimare City, give exect location) (INJURY OCCUR?) WHILE AT NOT WHILE AT WORK 222. TIME (Month) (Doy) (Yeor) (Hour) 222. INJURY OCCURRED AT WORK 223. I certify that I held an Inquiry MORE A ACCIDENT AUTOPSY? (Yes or No) ACTUAL SIGNATURE WORK AND ACCIDENT	heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, CIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c) OHER SIGNIFICANT CONDITION LAST. (c) OHER SIGNIFICANT CONDITION LAST. (c) OHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 22A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 22A. EXTERNAL CAUSE WAS UNDERLYING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (If in Bollimare City, give exact location) NO 10 DESSES OR CONDITION LAST. 22A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 22A. EXTERNAL CAUSE WAS UNDERLYING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (If in Bollimare City, give exact location) NO 22A. EXTERNAL CAUSE WAS UNDERLYING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (If in Bollimare City, give exact location) NO 10 DESSESSE OR CONDITION LAST. 22A. BUT OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 22A. BUT OF INJURY OCCUR? WHILE AT AT WORK ACTUAL SIGNATURE EXAMINER ACTUAL SIGNATURE SIGNED ACTUAL A	injury or complication which caused death.)	
C OHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 20A	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE LINDERLYING CONDITION LAST	AS A CONSEQUENCE OF:
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in ar about 22C. WHERE DID (If in Boltimare City, give exact location) home, form, foctory, street, office bidg., etc. INJURY OCCUR? 22F. HOW DID INJURY OC	(C)	
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in ar about 22C. WHERE DID (if in Boltimare City, give exact location) home, form, foctory, street, affice bldg., etc. INJURY OCCUR? 22F. HOW DID INJURY	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in ar about 22C. WHERE DID (If in Boltimare City, give exact location) home, form, foctory, street, office bidg., etc. INJURY OCCUR? 22F. HOW DID INJURY OC	DISEASE OR CONDITION GIVEN IN PART 1 (A).	
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in ar about 22C. WHERE DID (if in Boltimare City, give exact location) home, form, foctory, street, affice bldg., etc. INJURY OCCUR? 22F. HOW DID INJURY	20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	
UNDERLYING OCONTRIB. INJURY OCCUR? 22F. HOW DID INJURY OCCUR? WHILE AT ONE OCCUR? WHILE AT OCCUR? AND WHILE AT OCCUR? OCCUR? WHILE AT OCCUR? WHILE AT OCCUR? AND WHILE AT OCCUR? AND WHILE AT OCCUR? CHEF MEDICAL EXAMINER ACTUAL EXAMINER		
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OF INJURY (APPROX.) Certify that I held an Inquiry Inspection Autapsy and that an this basis, death in my apinian resulted from: Natural causes Accident Suicide Hamicide Undetermined manner		22F. HOW DID INJURY OCCUR?
Certify that I held an Inquiry Inspection Autopsy and that an this basis, death in my apinion	OF INJURY (APPROX) WHILE AT NOT	WHILE C
resulted from: Natural causes Accident Suicide Hamicide Undetermined manner ACTUAL SIGNATURE EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER		and that an this basis, death in my apinion
ACTUAL SIGNATURE		
SIGNATURE UCCOLOR ASSISTANT MEDICAL EXAMINER 2/18/1968 EXAMINER'S NAME (Type) Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 2/18/1968 24A. BURIAL CREMATION, Page 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote) Burial 2/22/68 Gardens of Faith Cemetery Baltimore, Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Schimunek Funeral Home	A	CHIEF MEDICAL EXAMINER
EXAMINER'S NAME (Type) 24A. BURIAL CREMATION, PEMOVAL (Specify) Burial 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Schimunek Funeral Home		
24A. BURIAL CREMATION, REMOVAL (Specify) Burial 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State) Baltimore, Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Schimunek Funeral Home	EXAMINER'S Hamon II South	
Burial 2/22/68 Gardens of Faith Cemetery Baltimore, Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR Schimunek Funeral Home ADDRESS	7,7,4,12	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Schimunek Funeral Home	REMOVAL (Specify)	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Schimunek Funeral. Home	Burial 2/22/68 Gardens of Fa	aith Cemetery Baltimore, Md.
Schimunek Funeral Home	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	

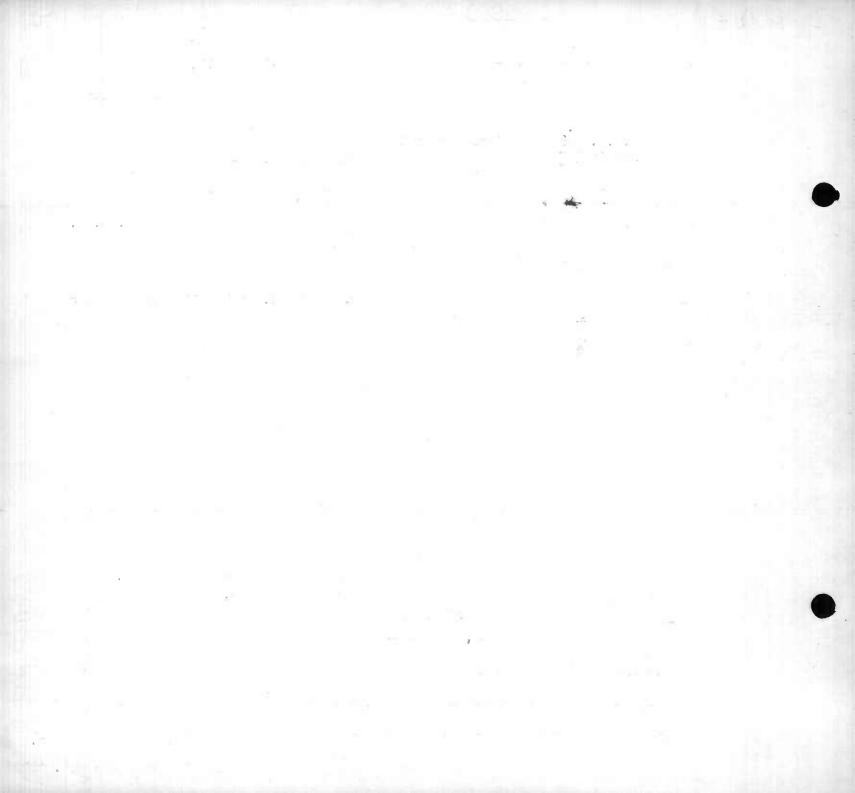
Birth Cert. B-54881 3-13-1918 2-21-68 M.H.

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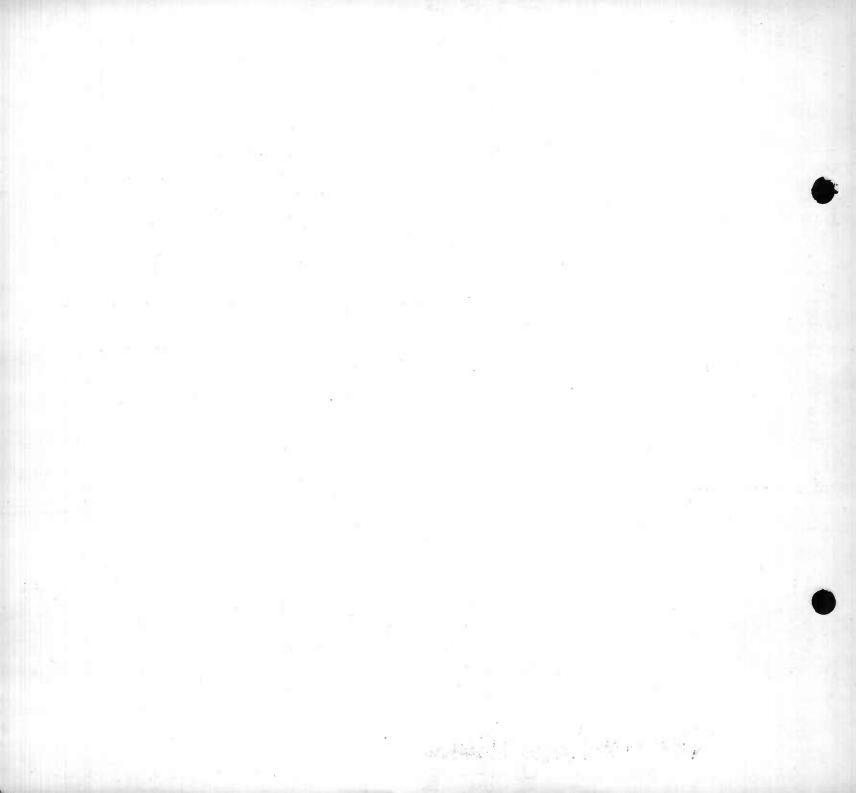
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VS 150-REV. 1/1/6B



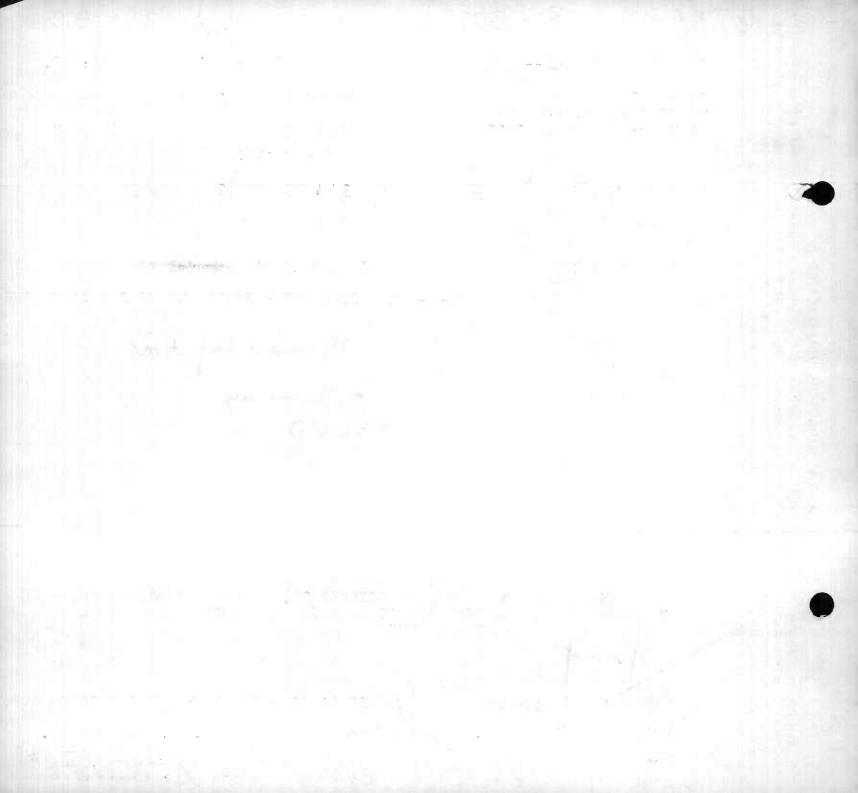
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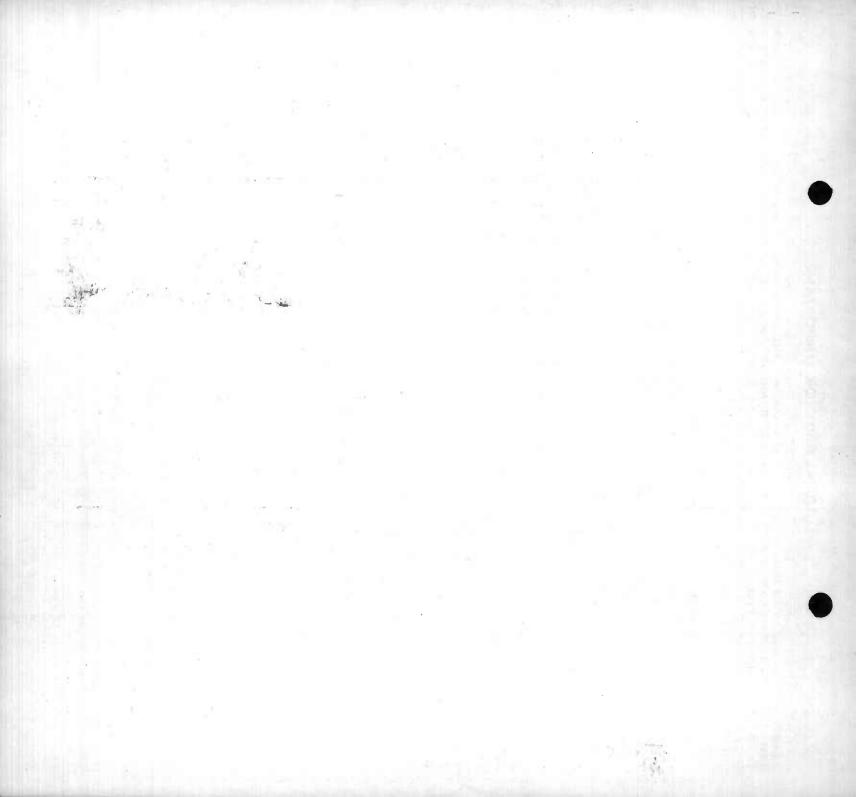


VS 150-REV, 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

NO Y If Under 24 Hrs. If Under 1 Yr. Doys Hours 12, CITIZEN OF WHAT COUNTRY? Germany & CATON APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) 19 67 to FEBRUARY 15. 19 68 23B. DATE SIGNED 2-16-68 (City, town, or county)





68- 1964 BALTIMORE CITY HEALTH DEPARTMENT

MEDIC	'AI	EXAMINER'S	CERTIFICATE	OF	DEATH
MILDIC		LYMIII 1 LIV O	CERTIFICATE	01	

	00	TOO		AMINER'S			DEAT	u V	68	1984	
BIRTH NO.	r	MEDICAI	L EXA	AMINERS	CEKTHIK	LATE OF	DLAI	REG. NO		2007	
1. NAME OF DE		MOGENE L	TOVD		2. DATE OF	Known X	Manth	Day	Year	Hour	
4 DI ACE INI RA	LTIMORE, MARYLA			ICED DEAD	DEATH 3. DATE	Estimated 🗌	Manth	ary 15,	, 1968 Year	Haur	M.
FULL NAME OF	(IF NOT IN F	OSPITAL OR INS			1100000	NCED DEAD					D
HOSPITAL OR INSTITUTION	ÀDDRESS O	R LOCATION)		(DOA)	5. USUAL RE	SIDENCE (When		ary 15,		6:40	
Sou	th Baltim	ore Gene	ral H	, ,	A. STATE	Maryland		B. COUNTY		runde1	,
6. SEX	7. RACE			NEVER MARRIED	C. CITY OR	TOWN Broc		de de NSIDE			
Female	White		WED .	DIVORCED [11	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		7	YES 🗍	NO X	
9. DATE OF BIRT	TH [10.7	AGE (In years	If Under	1 Yr. If Under 24 Hrs.	11	ND NUMBER	ar Ther		AF2	NO LAJ	
April 3		birthday)	Manths	Days Haurs Min.		16 Cedar	H:11	Road		21225	
	Stale or foreign cau	intry)	12. CITI	ZEN OF	13. FATHER'		11111	Noau			2.0
Cumberl	and, Md.		WH	S. A.	Devr	d Lloyd				52-	00
14A.USUAL OCCL	JPATION (Give kind	of work 14B. KIN	D OF BUS	INESS OR INDUSTR	Y 15. MOTHER	'S MAIDEN NA	ME				
dane during mast of None	warking life, even ifr	etired)			Tan	nette Ab					
16 WAS DECEAS	SED EVER IN U.S.	ARMED FORCE	S? 17	SOCIAL	1B. INFORM		XC		ADDRESS	2122	5
(Yes, no ar unknawr	(If yes, give war a	dates of servic	e)	SECURITY NO.	Mm De	vid Lee	Though	16 Cod	ar Hil		.5
19.	>144			CAUSE OF DEA		ATO ree	PTOAG	TO CEL	A	APPROXIMATE INT	
DISEASES RISE TO TH UNDERLY!	NTECEDENT CAU OR CONDITIONS IE ABOVE CAUSE ING CONDITION INIFICANT CONDITION ATH BUT NOT RELA	IF ANY, GIVING (A) STATING THI LAST. ONS CONTRIBL (TED TO THE TER)	JTING MINAL	(B) DUE TO, OR	AS A CONSEG	UENCE OF:					
20A. DATE O	F OPERATION 20			ICH OPERATION W	AS PERFORM	ED			21. AUT	OPSY? (Yes ar	Na)
2										Yes	
UNDERLYING CA UTING CA 22D. TIME OF INJURY (APPROX.)			hame, fa	CE OF INJURY(e.g. rm, factory, street, affi STREET NJURY OCCURRED E AT NO AT N	ce bldg., etc.) IN	2C. WHERE DID BJURY OCCUR? 08 Churc F. HOWDID II Pedestri	h Stre	et CUR?	exact lacation)	00	1
23. 1 cer	tify that I held o	on Inquiry	tr	spection A	utapsy X	and that an	this basls	, death in m	y apinlan		
resu	Ited fram: Natur	al causes	Acci	dent X Suici	de 🗌 Ha	micide 🗌	Undeterm	ined manner	-		
ACTUA	· Cha)	85-	7)	: 4		HIEF MEDICAL		[X]		DATE SIGN	IED
SIGNAT	NER'S Char	rles S.	Sprin	gate, M.D.).	CIATE MEDICAL			ebruar	y 16, 1	.968
24A. BURIAL CRE	MATION, 24B. D	DATE	24C. N	NAME of CEMETERY	ar CREMATO	RY 24D	LOCATIO	V (City, ta	wn, ar caunt	y) (State	e)
REMOVAL (Spec	1 7 /	19/68	Ce	dar Hill C	emetery	Ri	tchie	Hwy. Ar	ne Aru	ndel Co	
	BY HEALTH DEPT			REGISTRAR	25C. F	UNERAL DIREC	TOR	land -	ADDRESS		
VS 151 PEV 1/4/6	3 8 0 1988	Re	68.	Fallysa	111	augu	cherry 1	237 Pa	atapsco	Ave. 2	1225

VS 151-REV. 1/1/68 \$ 9 1968 R. D. & E. Fa. A. A.

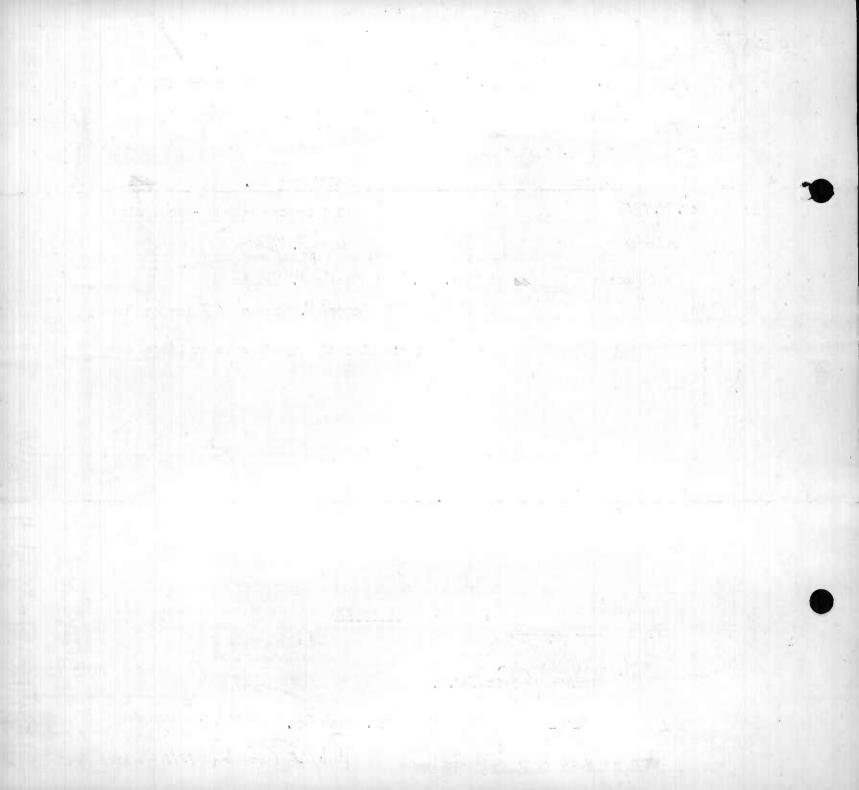
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68- 1965 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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BIRTH NO.		MILL	ICAL	LA	AMIIIALK	SEKTIFI	CAILO	DLAI	REG. NO	00	2.072707
NAME OF DEC						2. DATE	Known 🔯	Month	Doy	Yeor	Hour
JAMES	W.		JORI	DAN		OF DEATH	Estimoted [Febru	ary 17,	1968	4:24 Ам.
4. PLACE IN BAL	TIMORE, MA	RYLAND, V	VHERE PR	ONOU	NCED DEAD	3. DATE		Month	Doy	Yeor	Hour
FULL NAME OF	(IF NO	TIN HOSPITA	AL OR INST	ITUTION	, GIVE STREET	PRONO	UNCED DEAD	Februa	ry 17, 1	968	4:24 A.M.
HOSPITAL OR INSTITUTION	ADDRE	SS OR LOCA	(IION)			5. USUAL F	ESIDENCE (Wh				before odmission)
						A. STATE	Lantana		B. COUNTY	Ralt	timore
Johns H	lopkins 7. RACE	Hospi	tal (I	DOA)		C CITY OF	laryland	1 1	D. INSIDE CIT		
o. JEX	/ RACE			_	NEVER MARRIED	C. CITT OF	TOWNROSE	dale	D. IIVSIDE CIT		
male		ite	WIDOW		DIVORCED L	∥ Ba.	ltimore	(0.	- 448		NO 🛛
9. DATE OF BIRTI		10. AGE (I			r 1 Yr. If Under 24 Hrs. Doys , Hours , Min.	E. STREET	AND NUMBER				63-00
Dec. 23, 1	717	5	2	1		810	7 Sumter	Avenue	- Rosed	ale	0000
11. BIRTHPLACE(S	4	n country)			ZEN OF	13. FATHER	'S NAME				
Kentuc	ky			WH	NTCOUNTRY?	Jan	ies F. Jo	rdan			
				OF BUS	SINESS OR INDUSTR	W					-
done during most of w	Packer	en ir retired)	Examples	211 M	eat. Co.	Man	ha H. Va	unhn			
16. WAS DECEAS	ED EVER IN	U.S. ARMEL	FORCES			18. INFOR	MANT	agrai	AD	DRESS	
(Yes no or unknown)	(If yes, give v	vor or dotes	of service)		SOCIAL SECURITY NO. 233 07 4252	Janne	t V. Jon	dan 810	7 Cumta-	A	
119.	A 50			4	CAUSE OF DEA		cv. jon	mur oro	Junier		PPROXIMATE INTERVAL
41	771				CAUSE OF DEA					8ETV	WEEN ONSET AND DEATH
	E OR COND		CTLY		Arterio	sclerot	ic Cardi	ovascul	ar Disea	se	
	LEADING TO		.1		(A)IMMEDIATE	CAUSE					
heart failure	ot meon the , osthenio, etc	. It meons the	e diseose,		DUE TO, OR	AS A CONSEC	UENCE OF:				
injury or con	nplication which	th coused de	oth.)								
1A	NTECEDENT	CAUSES			(B)						
DISEASES	OR CONDITIO	ONS, IF AN	Y, GIVING		(B)	AS A CONSE	QUENCE OF:				
UNDERLYIN	ABOVE CAN	ON LAST.	IING IHE		(5)						
OTHER SIGN TO THE DE DISEASE OR 20A. DATE OF					(C)						
OTHER SIGN	ILFICANT CON	II IDITIONS C	ONTRIBUT	ING							
O THE DEA	ATH BUT NOT	RELATED TO	THE TERMI								
20A. DATE OF				FOR WI	ICH OPERATION W	AS PERFOR!	AFD			21 AUTC	OPSY? (Yes or No)
8				OK	Hell Of ERPHOTE II	AS TERTOR				21. 7.010	71311 (
	NIAL CALICE	1446	12	200 DI A	CE OF INITIALY		200 14414888 84	D ## - D ##			Yes
O LINDEDIVINIC	NAL CAUSE		li li	home, fo	CE OF INJURY (e.g., irm, foctory, street, office	e bldg., etc.)	NJURY OCCUR	? (It in Boltimor	re City, give exoc	t locotion)	
UTING □ CA	USE OF DEA										
OF INJURY	(Month) (D	oy) (Yeo	r) (Hour		INJURY OCCURRED		22F. HOW DID	INJURY OCC	JR?		
(APPROX.)				m. WHI		VORK					
23.				_							
I cert	ify that I h	eld on I	Inquiry L	_ [nspection Au	topsy XX	ond that ar	this bosis,	deoth in my	pinion	
resul	ted from: N	otural cau	ses X	Acci	ident Suici	de H	omicide 🗌	Undetermi	ned mannor [
				1			CHIEF MEDICA	L EXAMINER			
ACTUAL		110	-	1	>	ASS	STANT MEDICA				DATE SIGNED
SIGNATI	FORC	May 1	1	M(M.E),	OCIATE MEDICA				2/17/68
NAME (1	LAI.	erner	U. Sp	itz,	M.D.	A33	JCIATE MEDICA	LEAMMINER			
24A. BURIAL CRE	MATION, 2	4B. DATE	0	24C. I	NAME of CEMETERY	or CREMAT	ORY 24	D. LOCATION	(City, town,	or county	(Stote)
REMOVAL (Speci	fy)	0.60	-0	4.				Elkridge			
Burial		2-20-0	වර .		idowridge M		14 Cente	0			
25A. DATE REC'D	BY HEALTH	DEPT.	25B. N	AME OI	FREGISTRAR	25C.	FUNERAL DIRE	CTOR	AL	DDRESS	
1		nce /	00	0_0	Falley Mile	Th	ilio I	vany	1211 (hesac	o Avenue
	1164	1200	III Van	4	TO THE PARTY OF TH		1				

VS 151-REV. 1/1/68



68- 1966

BALTIMORE	CITY	HEALTH	DEPARTMENT
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BIRTH NO.	M	EDICAL	EXAMINER'S	CERTIFICATE	OF DEAT	H REG. NO.	1	.366
I. NAME OF DEC	EASED			2. DATE Known	Month Month	Doy	Year	Haur
JOHN		D	TITINTO	OF			1060	
	TIMORE, MARYLANI	. WHERE PRO	HUNT DNOUNCED DEAD	3. DATE	d □ Februa Month	ry 16,	1968 Yeor	8:45 P.M.
FULL NAME OF			TUTION, GIVE STREET	PRONOUNCED DEA	AD			
HOSPITAL OR INSTITUTION	ADDRESS OR LO	OCATION)		C HOUSE DECIDENCE	Februar		1968	8:45 P.M.
## (143)				5. USUAL RESIDENCE A. STATE	(Where deceosed li	red. if institution B. COUNTY	n: residence b	efore odmission)
Church	Home and Ho	ospital	(DOA)	Maryland		D. COUITI		2-01
6. SEX	7. RACE	8. MARRIE	ED ENEVER MARRIED	C. CITY OR TOWN		D. INSIDE C	ITY LIMITS	
male	Indian	WIDOWE		Baltimore			ES X	NO [
9. DATE OF BIRTI			If Under 1 Yr, If Under 24 Hrs.	E. STREET AND NUME		1	E3 (87)	40 🗀
11 12	lost bir	thdoy) A	Months Doys Hours Min.					
4/ /3		32	O CITITEN OF		altimore	Street		
	itate or fareign countr	γ)	2. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME				
	H CAROLINA		WHAT COUNTRY?	LUKE HUNT				
4A.USUAL OCCU	PATION (Give kind of v	vork 14B. KIND	OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN	NAME			
SKID	vorking life, even if retir MAKER	CHESA	PEAKE PAPER CO	CAI	LIE			
6. WAS DECEAS	ED EVER IN U.S. AR	MED FORCES?	17. SOCIAL	18. INFORMANT		A	DDRESS	
Yes, no or unknown)	(If yes, give wor or do	otes of service)	SECURITY NO.	CALLIE HUNT	NORTH	CAROLIN	Α	
110 - /			CAUCE OF DEAL	1	, NORTH	OZITO I III		PROXIMATE INTERVAL
F- 4	661X		CAUSE OF DEA	IH				EEN ONSET AND DEATH
DISEAS	E OR CONDITION D	IRECTLY	Monaire 1	Dlandina Dua	To Chah M	ad a f		
	LEADING TO DEATH		(A)IMMEDIATE C	Bleeding Due	10 Stab W	ound of		
	ot mean the made o		DUE TO, OR A	AS A CONSEQUENCE OF:	****			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	, osthenio, etc. it meon aplication which coused		Chest In	volving The L	ung			
	NTECEDENT CAUSES		(B)					
	OR CONDITIONS, IF ABOVE CAUSE (A)		DUE TO, OR	AS A CONSEQUENCE OF	•			
UNDERLYIN	NG CONDITION LAS		(C)					
6			(C)					
OTHER SIGN	IIFICANT CONDITION	S CONTRIBILITI	NG					
O TO THE DEA	ATH BUT NOT RELATED	TO THE TERMIN						
DISEASE OR	CONDITION GIVEN I		OR WILLIAM ORED ATION WIL	C 0000000400			To: Altro	Anna IV
E ZOA. DATE OF	OPERATION 200.	CONDITION F	OR WHICH OPERATION W	45 PERFORMED			ZI. AUTOR	SY? (Yes or No)
								Yes
	NAL CAUSE WAS	2	2B. PLACE OF INJURY (e.g.,	in or obout 22C. WHERE	DID (If in Boltimo	re City, give exc	ect locotion)	9-0-2
2 DIADEKTINA	OR CONTRIB-		ome, form, foctory, street, office Hallway of Home		loor - 18	33 E B	altimo	re Street
≥ 22D. TIME	USE OF DEATH. (Month) (Doy) (22F INITIRY OCCURRED	22F HOWD	ID INJURY OCC		arcimo:	.c bereet
OF INJURY		8.00 P -	WHILE AT NOT	WHITE -		1		
(APPROX.) 1	/10/08	8:30 P. n	n. WORK AT W	ORK X subj.	stabbed d	uring a	ltercat	ion
23.				(T)				
l cert	ify that I held on	Inquiry L	InspectionAu	topsy X and that	t on this bosis,	death in my	apinion	
result	red from: Notural	couses	Accident Suicid	le Homicide X	Undetermi	ned monner		
	11110	- 1		CHIEF MED	ICAL EXAMINER			
ACTUAL	110051	12/1	1-12	ASSISTANT MED	ICAL EXAMINER	X		DATE SIGNED
SIGNATI		7,0	M.D					2/17/68
EXAMIN	MCTIL	er U. Sp	itz, M.D.	ASSOCIATE MED	ICAL EXAMINER		4	2/1//00
NAME (T		E /	DAG NAME - CEMETERY	CREMATORY	Inde LOCATION	10::		(C)
24A. BURIAL CREA REMOVAL (Special	MATION, 24B. DAT	- (74C. NAME of CEMETERY	dr CKEMATORY	24D, LOCATION		n, or county)	
BURIAI		-68	NEWPOINT METH.	CHURCH CEM.	LUMBE	RTON, NO	RTH CA	ROLINA
	BY HEALTH DEPT.		ME OF REGISTRAR	25C. FUNERAL D			DDRESS	
if how					. HUBBARD			AVE. 2122
1 ,	RAPI O TOCK	100	A & Franchis	HOWAID II	• IIODIMITO	4TO1 /	ATTIVENS	ELVE - ZIZZ

VS 151-REV. 1/1/68 N 5 6/

A SANTAL
NO T

Hours

BETWEEN ONSET AND DEATH

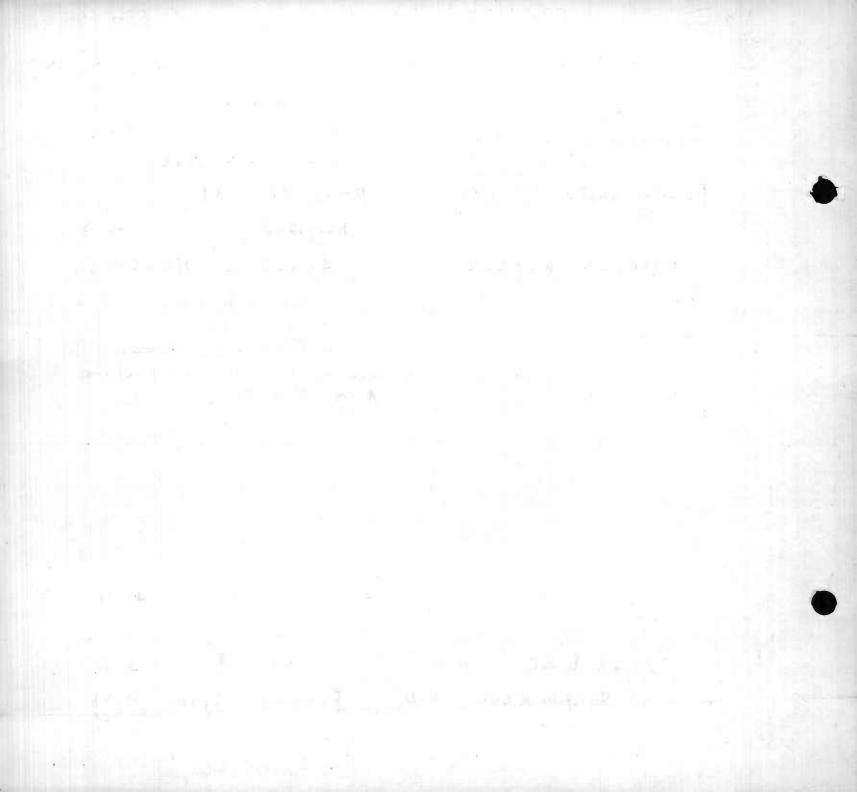
If Under 24 Hrs.

hospital

IMPORTANT

DIRECTOR:

FUNERAL



BIRTH NO.	N	MEDICA	L EXA	MINER'S	CERTIF	CATE OF	DEAT	H REG. NO.	55	15	158	
1. NAME OF DECEASED						Known X	Month	Doy	Yeor	Hour		
(Type or Print) CHARLES JACOBS						Estimoted	Febru	ary 16,	1968	8:20	A. M.	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD							Month	Doy	Yeor	Hour	M	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)						OUNCED DEAD		ary 16,		8:20		
OR INSTITUTION		** 4.			A. STATE	RESIDENCE (When	e dece osed liv	ved. If institution B. COUNTY	n: residence l	before odm	ission)	
Į	University	Hospit	aı		A. SIAIL	Maryland		b. Cooler	CARR	COLL		
S. SEX	7. RACE B. MARRIED NEVER MARRIED				C. CITY O	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
Male	Male White with		OWED DIVORCED If Under 1 Yr. If Under 24 Hrs.			Adamstown E. STREET AND NUMBER				YES NO 🔀		
3/I2/3	lost b	Irthday)	Months Do	ys Hours Mi		Route #1			હ	6-01	0	
1. BIRTHPLACE(State or foreign country) 12. CITIZEN OF					13 FATHE	O'S NAME	a la co					
Maryla			TT C	COUNTRY?		y E. Jac						
4A.USUAL OCCL	JPATION (Give kind o working life, even if re	f work 14B. KIN	D OF BUSIN	ESS OR INDUST	RY 15. MOTH	ER'S MAIDEN NA	ME					
					Ligario							
6. WAS DECEAS	SED EVER IN U.S. A	RMED FORCE dotes of service	\$? 17. \$ e) \$	OCIAL ECURITY NO.	18 INFOR	mant Orndorf	f Ada	amstown	DDRESS.			
119.1	010/		124	CAUSE OF DE	ATH		-		AF	PROXIMATE I	NTERVAL	
-	5/21/			CAUSE OF DE					BETW	EEN ONSET	AND DEATH	
DISEAS	E OR CONDITION				1	ultiple ir	iuries					
(This does a	LEADING TO DEAT			(A)IMMEDIATI	CAUSE			, 				
heort foilure	e, osthenio, etc. It med	ons the disease		DUE 10, 0	R AS A CONSE	QUENCE OF:						
injury or con	mplication which cous	ed de oin.)										
DISEASES RISE TO TH UNDERLYI	OR CONDITIONS, I E ABOVE CAUSE (A NG CONDITION L	F ANY, GIVIN		(B) DUE TO, O	R AS A CONS	EQUENCE OF:		######################################				
O THE DE	NIFICANT CONDITION ATH BUT NOT RELATER CONDITION GIVEN	ED TO THE TER	MINAL	10000000000000000	**********							
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W						AS PERFORMED				21. AUTOPSY? (Yes or No)		
Mapeared opicen										No		
UNDERLYING	RNAL CAUSE WAS GMOR CONTRIB- AUSE OF DEATH.			OF INJURY(e. foctory, street, of treet	g., in or obout fice bldg., etc.)	22C. WHERE DID INJURY OCCUR? Meadow B1	(If in Boltimo:	re City, give ex Road and	Route	97	0 (
∑ 22D. TIME		(Yeor) (Ho		LIPY OCCUPRED) 4	22F. HOW DID IN						
(APPROX.12	-68 1	0:40 A.	m. WHILE A	N N	OT WHILE WORK	(Passenger	r in au	ito-auto	colli	ision)		
23.	tify that I held a		_		utapsy	and that an t						
	Ited fram: Natura					lamicide						
16201	O A	· Cuoses	Accide	3010	106 1	CHIEF MEDICAL						
ACTUAL	1 41 1	()!	1	INT N	.D. ASS	SISTANT MEDICAL				DATE SIG	NED	
EXAMIN NAME (NER'S Charl	es S. S	pringa	e, M.D.		OCIATE MEDICAL	EXAMINER	☐ Feb	ruary	16, 1	968	
24A. BURIAL CRE		9/68		ME of CEMETER Height			runsw	ick, Md	n, or county) (St	lole)	
25A. DATE REC'D	BY HEALTH DEPT.	258.	NAME OF R	EGISTRAR	23c.	FUNERAL DIRECT	OR	Daniel	DDRESS & SWICK	- MA		
	EB 2 0 196	8 00.0	.52.	Farban		te fine	uls	Jame	SWICK	, IVICA .		
VS 151-REV. 1/1/6		9.0									2	

. T. I pas chuire i . B reženia The way was a sure to the trumber of warmer to

			BALTIMORE CI	Y HEALTH DEPARTM	ENT	
		68- 18	CERTIFIC.	ATE OF DEA	TH REG. NO.	68-1969
BIRTH NO		1.00	GERTII 10			
NAME	OF DECEASED		300	2. 0	ATE AND HOUR OF DEA	тн 15
Ste	in, Mari	o F Mar	ie F. Stein	2	-18-68	1 1 ON
	IN BALTIMORE, MAR	YLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE	CE (Where deceased lived, I	f institution: residence before admission)
				A. STATE	B. COUNTY	6 12
FULL NA	ME OF (IF NOT	IN HOSPITAL OR IN	STITUTION, GIVE STREET	Maryland	Ballimore	10 -0
HOSPITAL	L OR ADDRES			C. CITY OR TOWN	D. II	NSIDE CITY LIMITS?
Bon	Secour Hos	Paria		0-11		YES NO NO
2	400001 1100	, , ,		E. STREET AND NU	MRED	123 CA
54				11		
				1526 No	Ilins Street	
SEX	6. RACE	7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
/				20	last birthdoy)	Months Days Hours Min.
ema	le Whit	WIDOV		9-29-01	66	
	L OCCUPATION (Give g most of working life, eve		OF BUSINESS OR INDUST	IT 11. BIRTHPLACE (Stot	e or toreign country)	12. CITIZEN OF WHAT COUNTRY
	usewife	ii ii leiireu)		0 1.		
				Baltimo		USA.
13. FATHE	R'S NAME			14. MOTHER'S MAIL	DEN NAME	
VYVV	YYYYYYYY	yy Willi	am Bender	YYYYYYY	y Florence	M. Keller
MUN	(XXXXXXXXXXX	6.A		*XXXXXXX	^	
Yes, no or	Deceased Ever in U. S. unknown) (If yes, give	Armed forces? wor or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			219-22-817	9 Mr. Elmer	H. Stein 15	26 Hollins St.
18.	12 X X		CAUSE OF DEA	ТН		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	DISEASE OR COND	ITION DIRECTLY				
	LEADING TO		ALL HALLEDIATE C	MYO CARI	DIAL DISTA	RE 14 days
	daes nat meon the		e.g., QUE TO OR A	S A CONSEQUENCE OF		A
heorl	foilure, osthenia, etc	. It means the dise	ase,	A CONSEQUENCE OF:		
injury	or complication whi	ch coused death.)				
	ANTECEDENT	CAUSES				
DISE	ASES OR CONDITI	ONS if any air	(B)	AS A CONSEQUENCE OF	·	
	to the abave condition		ing .	U. CONSEQUENCE OF	•	
	ERLYING CONDITIO		(C)			
	0 6 7		/ 5/			
7 1/2	2212/11					
	R SIGNIFICANT CONDI					
A DISEA	HE DEATH BUT NOTRE		IAL			
	DATE OF OPERATION	198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Y	es or No) 208, IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
19A. E		WAS PERFORMED			IN CERTIFYING	CAUSES OF DEATH?
W 21 A	ACCIDENT WAS IINO	EDI VING	218. PLACE OF INJURY (e.g	in or shout 21 C WHERE	E DID (15 to 0 - 1):	The City of the succession of
OR C	ACCIDENT WAS UND	SE OF	home, form, foctory, street,	office bldg., INJURY OC	CUR?	more City, give exoct locotion)
DEAT	H (natify medical exam	iner)	etc.)			
0 210	(1945 - 41) (D) (Vand (111	OLE INTHIBA COCHES	215 116:::	DID INTHIBY COURS	
0 21 D. 1	IJURY (Month) (De	oy) (Year) (Hour)	21E. INJURY OCCURRED	ZIF. HOW	DID INJURY OCCUR?	
2 (APPR			While At Work Not W	hile 🔲		
					10	19 19
22. 1	certify that (1) (this	s haspital) attend	ed the deceased fram	-E34	1968 to FE	B 18 1988
	(I) (we) last saw the			94 19.68		aplnion death accurred an the dat
						apiman death accurred an the dat
and l	naur and fram the co	Juses stated abav	e. (1) (We) (did) (did nat)	view the bady after	death.	
	IGNATURE /					238. DATE SIGNED
	1	11/100		ttending Med.	Shaff IV	- 1 .
	1.1	00 (1)		nys. Directo	Phys.	FEB 18 68
23 C. P	HYSICIAN'S		Dionee	23D. ADDRESS		
1	AME (Type)	110.010	112010	BON 9	SECOURS	HOSPITAL
-	500 1	DOONG,	HONG DEGR		strong?	n-1111
24A. 8UR	AL CREMATION, 248	DATE 24	C. NAME of CEMETERY OF		24D. LOCATION	(City, town, or county) (State)
REM	OVAL (Speciful	2/21/68	Loudon Park	Comotory	Raltimore	
but	idi	2/21/00	Loudon Park	•	Baltimore,	
25A. DAT	E REC'D SY HEALTH	DEPT. 258. NA/	AE OF REGISTRAR	25C. FUNERAL D	IRECTOR	ne Pratt&Stricker
			0 7 0	Walters	Funeral Hon	ne Pratt&Stricker
	553 20 10	88 A O A	E. Fallyna			Sts.
1.50 P.	V. Dawies	A GROUN			the state of the s	

THE R. L. S. P. L. S. P. L.

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to death.

prior

68-	1970
00	TOIL

BALTIMORE CITY HEALTH DEPARTMENT

ER	TIFIC	CATE	OF	DEATH	REG. NO

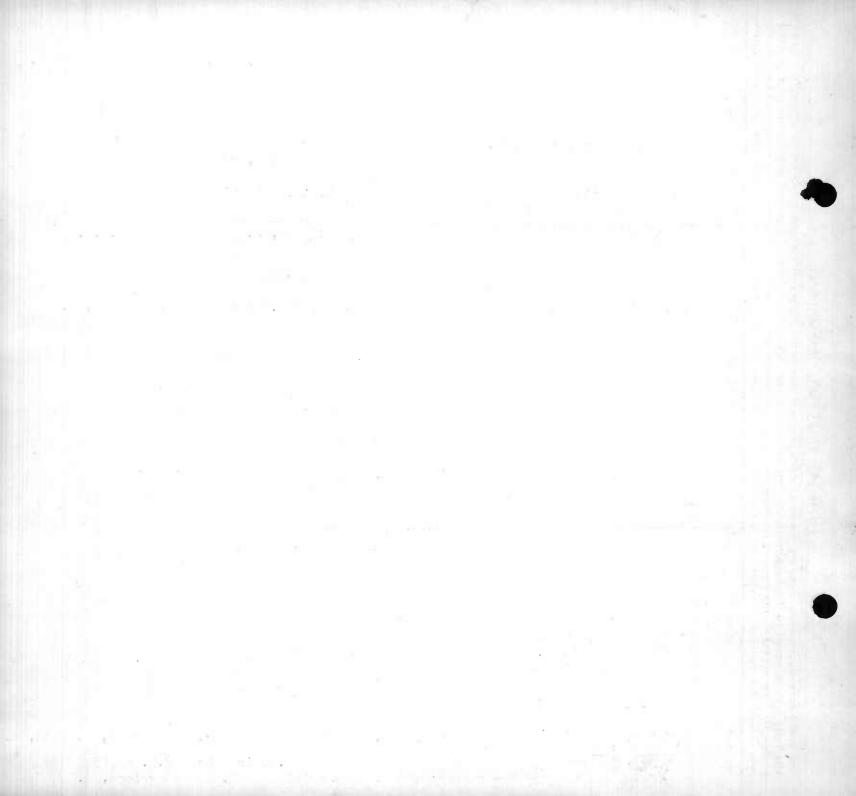
REG. NO.	68-	1	Q	7	n
		-M.	0	8	0

BIRTH NO.	CLKIII	ICATE OF DEA	XIII		
Type or Print) C-3 M:3 + or Co	a b a	2.	DATE AND HOUR OF DEAT	10/45 р.	
Sol Milton Sa 3. PLACE IN BALTIMORE, MARYLAND, W		A USUAL RESIDEN	Feb. 17th. 1968		
	A. STATE	B. COUNTY	15-11		
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCAL NOTITUTION	AL OR INSTITUTION, GIVE STREE (TION)	Maryland c. CITY OR TOWN	Baltimore D. IN	VSIDE CITY LIMITS?	
		Baltimor	re	YES NO	
House In Pines (Belv	edere)	E. STREET AND N			
		3408 Dolf			
Male White	MARRIED NEVER MARRIE		9. AGE (In years lost birthdoy) 83	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.	
DA. USUAL OCCUPATION (Give kind of work	WIDOWED X DIVORCE			12. CITIZEN OF WHAT COUNTR	
one during most of working life, even if retired)		2.11			
Retired		Baltimor	Ce, Md.	U.S.A.	
Unkown		Unkown			
. Was Deceased Ever in U. S. Armed For	es? 16. SOCIAL	17. INFORMANT		ADDRESS	
es, no or unknown) (If yes, give wor or dote	s of service) SECURITY NO.				
none	230-22-92 CAUSE OF	08 Mr.Robert	C.Sachs 7926 Lo	ong Meadow, Rd.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS COLD TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 198. CONWAS PERIOR OR CONTRIBUTING CAUSE OF	ony, giving (B)	OR AS A CONSEQUENCE CONSEQUENC	Yes or No) 20B, 4F YES, WER IN CERTIFYING C	Arthur E EMDINGS CONSIDERED CAUSES OF DEATH? POOCO City, give exact lacotion)	
DEATH (notify medical examiner)	(Hour) 21E INJURY OCCURR		DID INJURY OCCUR?		
21 D. TIME (Month) (Doy) (Year) (APPROX.)		ot While Work			
22. I certify that (I) (this hospital) ottended the deceased from		1958 to	Mesent 19	
that (I) (we) lost saw the decease	d alive on	2/15 1968	and that In (my) (our)	pinlan deoth accurred on the da	
and hour and from the causes stat	ed obove. (1) (We) (did) (did	not) view the bady ofte	r deoth.		
Gernard Bur	Sin M.D. DEGR		tor Staff Phys.	23B, DATE SIGNED	
Dr. Bernard Burgi	n	23D. ADDRESS	Pointes stores	Ed Balle 15 Med	
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY	OF CREMATORY	24D. LOCATION	(City, town, or county) (Stote)	
Burial 2/19/6	8 Druid Ridge (lem.		ld Court, Rd. Balto, Md	
5A. DATE REAL BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL		ADDRESS	

Plub E. Fally R. **3** 0 1968 VS 150-REV. 1/1/68

Sylvan S. Lewis & Son P.O. Box 65

Garrison, Md. 21055 Memorial Chapel.



68- 1971 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG, NO. 1. NAME OF DECEASED 2. DATE Known X Month (Type or Print) OF CHARLES I. ROBERTSON Estimated February 15. 1968 7:08 P. M. DEATH DATE 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) February 15 1968 7:08 P OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY Baltimore City Hospital Maryland Baltimore 6. SEX 7. RACE C. CITY OR TOWN D. INSIDE CITY LIMITS? B. MARRIED NEVER MARRIED Exxex Male White WIDOWED DIVORCED ___ YES NO X If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER 9. DATE OF BIRTH 10. AGE (In years Months, Days, Haurs, Min. last birthday) 53 Oct. 30, 1914 345 Nicholson Avenue 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? Baltimore Co., Md. William Robertson USA 14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) Fireman County Fire Dept. Elsie Stonesifer 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO. IB. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor ar dotes of service) Yes WWI 218 07 8528 Margaret Robertson Same APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE Cardiac tamponade (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It meons the disease, injury ar camplication which caused death.) Ruptured dissecting aneurysm of aorta ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ō OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) Yes 22B. PLACE OF INJURY(e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) home, form, factory, street, affice bldg., etc.) INJURY OCCUR? **EXTERNAL CAUSE WAS** UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH 22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? NOT WHILE OF INJURY WHILE AT (APPROX.) WORK Autopsy X I certify that I held on Inquiry Inspection ond that on this bosis, deoth in my opinion resulted from: Notural couses X Homicide Accident _ Suicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE ASSOCIATE MEDICAL EXAMINER **EXAMINER'S** Charles S. Springate, M.D. February 16, 1968 NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or caunty) (Stote) REMOVAL (Specify) Burial 2/19/68 woodlawn Cemeterv haltimore Co.. Md. 25 A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTO ADDRESS

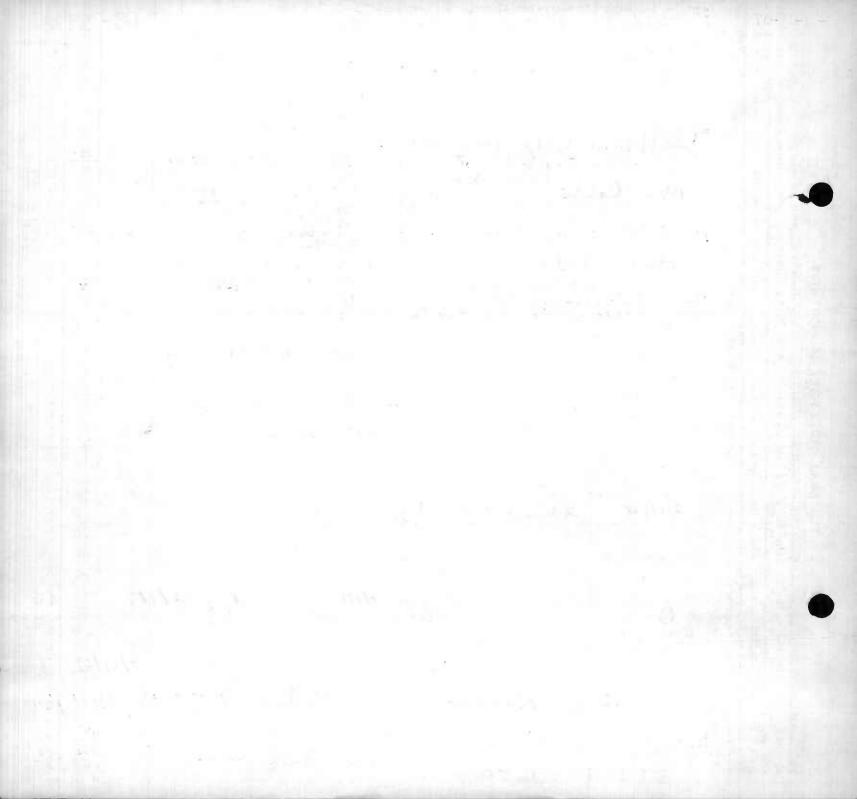
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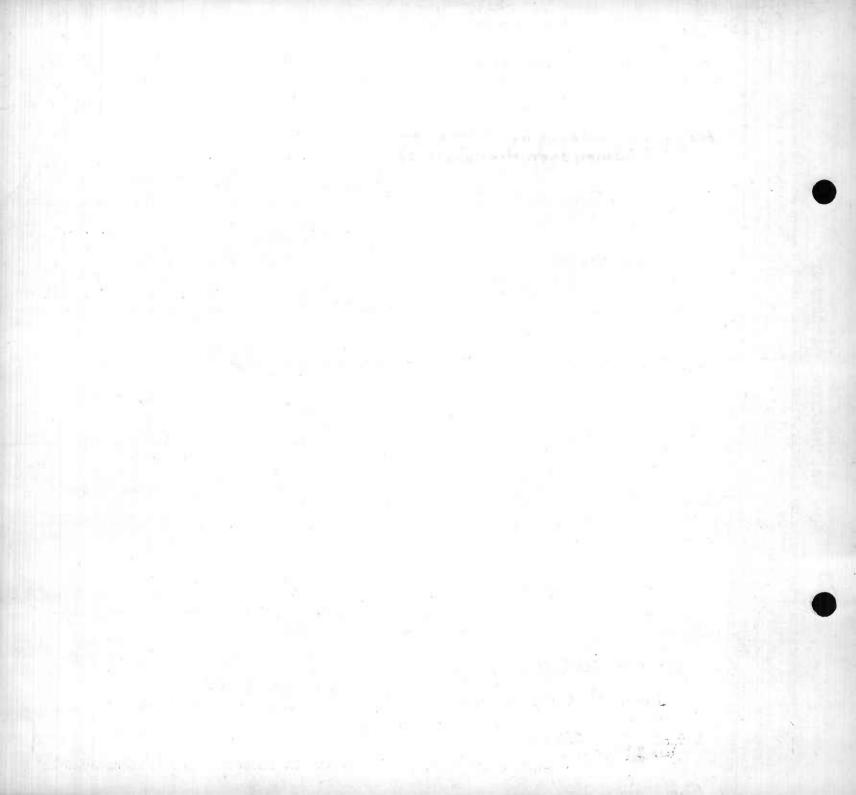
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Type or Print)	LASED L.								2.1
mrs. E		FromT	ling			ruary 14,		1// 8	3014
3. PLACE IN BAL	TIMORE, MARYLA	ND, WHERE PRO	NOUN EED D	EAD	4. USUAL RESIDENCE (Where deceased li	ived. If inst	titution: residence	e belore odmis
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET				Maryland			11%	(-0)	
HOSPITAL OR	ADDRESS O	R LOCATION)	, .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	C. CITY OR TOWN		D. INSID	E CITY LIMITS?	
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5. SEX	6. RACE	7		R MARRIED	B. DATE OF BIRTH	9. AGE (In ye	eors	If Under 1 Yr.	If Under 24
Female	White	WIDOV	V		8-11-1875	lost birthdoy		Months Doys	Hours Mi
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	working life, even if		OF BUSINES	2 OK INDUSTRE	11. BIRTHPLACE (State of	toreign country)		12. CHIZEN O	F WHAT COU
Housewi:	fe				Maryland			U.S	.A.
3. FATHER'S NA					14. MOTHER'S MAIDEN	NAME			
п	enry Worth	man			[J; 1	amena Bo	lweav	10	
			19.4			amena DC	Tweav.		
Yes, no or unknown	Ever in U. S. Arr (If yes, give wor	ned forces? or dotes of servi	ce) 1 6. SOCI	IAL URITY NO.	17. INFORMANT			ADD	
					Mrs. Doris k	(emp, 113	S. W1	ckham Ro	1. 2122
18.			CA	USE OF DEAT	Ή			APP 8	OXIMATE INTERV
DISEASES (ANTECEDENT C OR CONDITION e abave cause CONDITION	S, if ony, gives (A) sloting	the		A CONSEQUENCE OF:	decrosculo	~ du	5	yes
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TO THE DEA	FICANT CONDITION THE BUT NOT RELATE	ED TO THE TERMIN	NG IAL						
19A. DATE OF	ONDITION GIVEN	B. CONDITION F	OR WHICH O	PERATION	20 A. AUTOPSY? (Yes	or No. 20B, IF YES	S, WERE FI	NDINGS CONS	SID ERED
U 21A. ACCIDE	NT WAS UNDERL	YING	21 B. PLACE C	OF INJURY (e.g.,	in or obout 21 C. WHERE DI	D (If ir	n Boltimore	City, give exoc	t locotion)
OR CONTRIB	TING CAUSE	OF _	home, lorm,	foctory, street, o	ffice bldg., INJURY OCCU	R?			
U							9.		
OF INJURY	(Month) (Doy)	(Yeor) (Hour)	21E, INJURY			INJURY OCCUR	?		
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	last saw the d				1968 on		oor) apini	ion death occ	curred an the
		es stated above	e. (I) (We) (d	did) (d id nor) v	view the body after de	oth.			
23A. SIGNATI	JRE A		1					238, DATE SIGI	
Total	ia fres	(DE) =	F. W	DECDES Phy		Staff Phys.		2-14-	60
23 . PHYSICIA		t	, , ,		23D. ADDRESS	· 0 h /			
NAME	Type)	,	,		1000 tando	sol For			

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY of CREMATORY Baltimore Cemetery Baltimore, Maryland 2/16/68 Burial
25A. DATE RES ADDRESS 25C. FUNERAL DIRECTOR Howard H. Hubbard, 4107 Wilkens Ave. 21229 VS 150-REV. 1/1/68



BIRTH NO.	68-	- 197	A	TE OF DEATH	REG. NO	68- 1974
1. NAME OF DE	SNYDER, E	VELYN	HARRIET		EBRUARY 15	
FULL NAME O	F (IF NOT IN HOSPIT	AL OR INSTI	OUNCED DEAD	MARYLAND	DUNTY	institution: residence before admissio
HOSPITAL OR	ST. AGNES		TAL	BALT I MORE		YES NO NO
S. SEX	6. RACE	7. MARRIED	NEVER MARRIED	3563 WILK	P. AGE (In years	(f Under 1 Yr., (f Under 24 Hr
FEMALE	WHITE CUPATION (Give kind of work	WIDOWED	DIVORCED [8/1/24	los La birthdoy)	Months Doys Hours Min.
	of working life, even if retired)	IOB, KIND O	P BOSINESS OR INDUSTRI	MARYLAND	toreign country)	U.S.A.
13. FATHER'S N.				14. MOTHER'S MAIDEN		
S. Wos Deceose	SCHMALE od Ever in U. S. Armed For	ces?	1 6. SOCIAL	MILDRED S	ONELLEK	ADDRESS
NONE	(If yes, give wor or dote	s of service)	SECURITY NO. 218-12-258	ST AGNE	S HOSPITAL	RECORDS
NO LE DISEASE OR 19A. DATE OF 21A. ACCID	WAS PERI	ony, giving staling the stalin	WHICH OPERATION B. PLACE OF INJURY (e.g.,	firstef Brain A CONSEQUENCE OF: unitation; 20A. AUTOPSY? (Yos o	r No) 208, IF YES, WER IN CERTIFYING C	elemma E FINDINGS CONSIDERED CAUSES OF DEATH?
	fy medico(exominer) (Month) (Doy) (Year)	(Hour) 21		21F. HOW DID	INJURY OCCUR?	
22. 1 certifithat (I) (w	LAMS (Cype) THANS EREMATION, 1248, DATE	w) attended and alive an area above.	the deceased fram FEBRUARY 15 (I) (We) (did) (did nat)	ANUARY 11 19 68 and an arrange of the bady after dealers of the bady after dealers of the bady after dealers of the bady after the bady after dealers of the bady after dealers of the bady after the bad	Shaff XI HOSP; CATON	238, DATE SIGNED 2-15-65 BALTO, MD 212
Burial	2-19-1 D BY HEALTH DEPT.		lenHaven Cemet	ery	GlenBurnie,	Maryland ADDRESS

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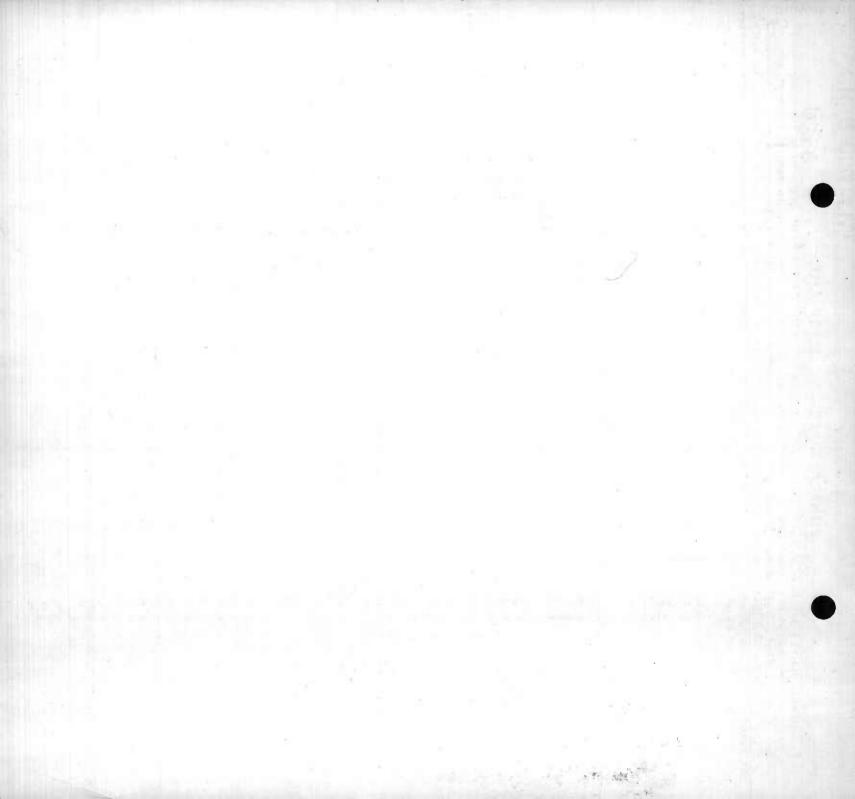
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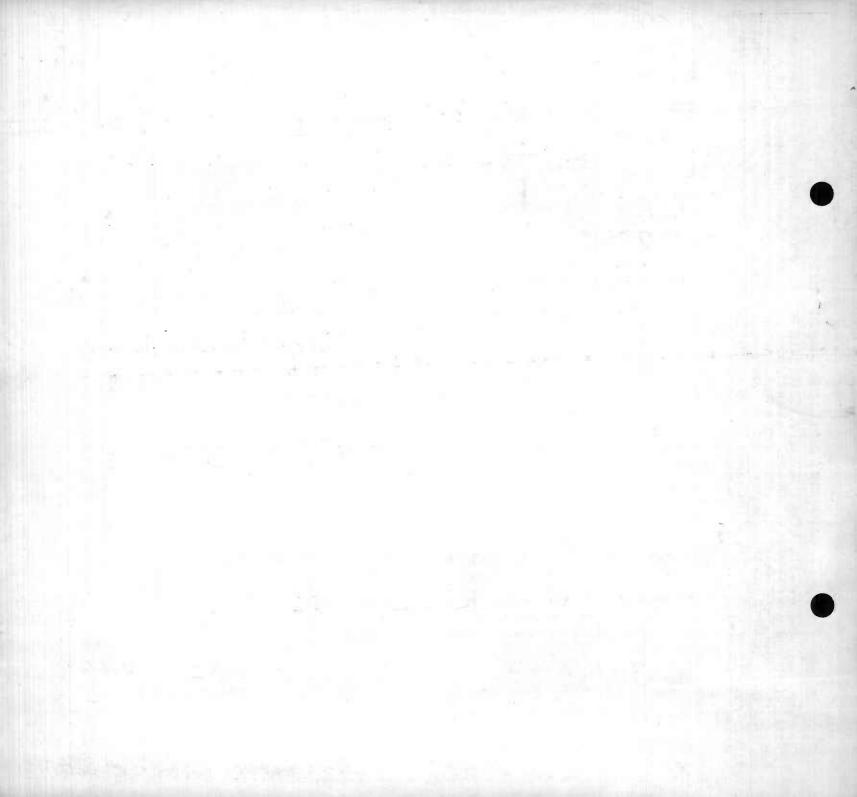
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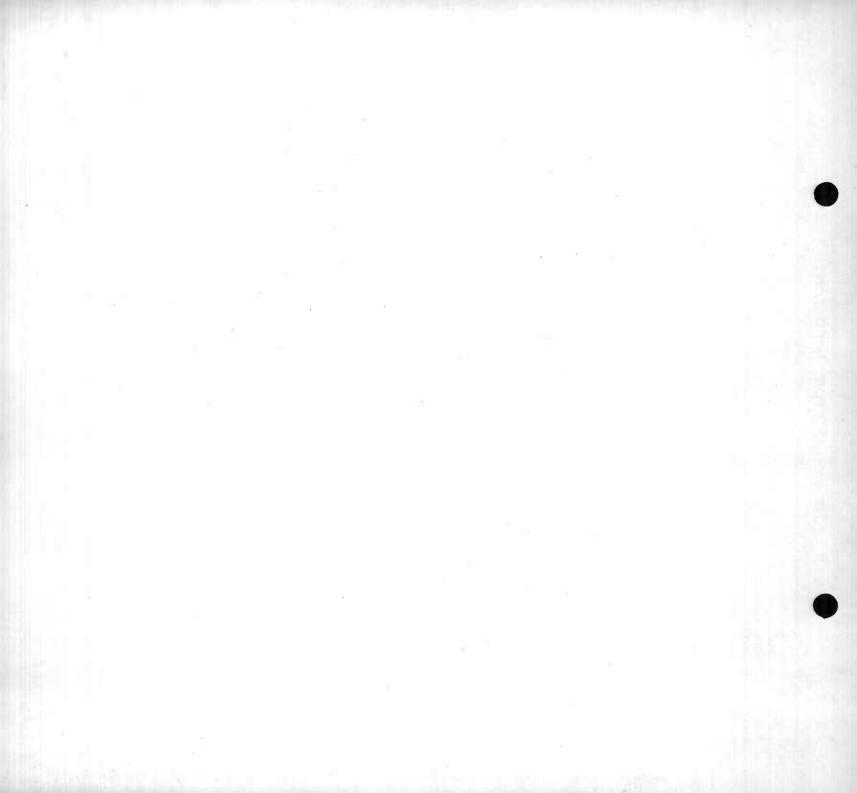
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DIRECTOR:

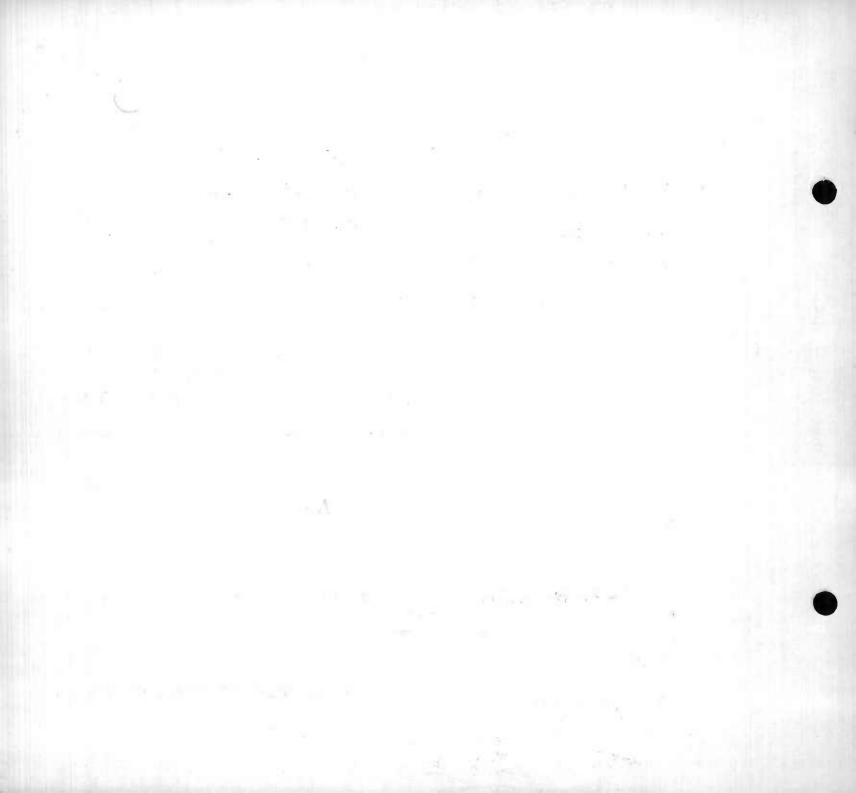
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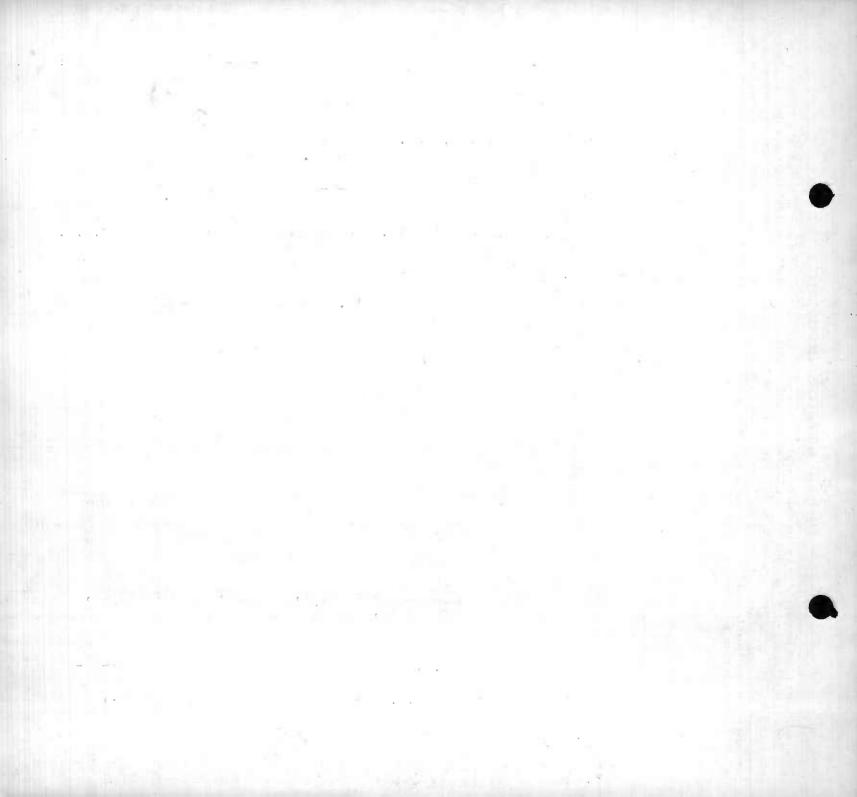
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BALTIMORE CITY HEALTH DEPARTMENT

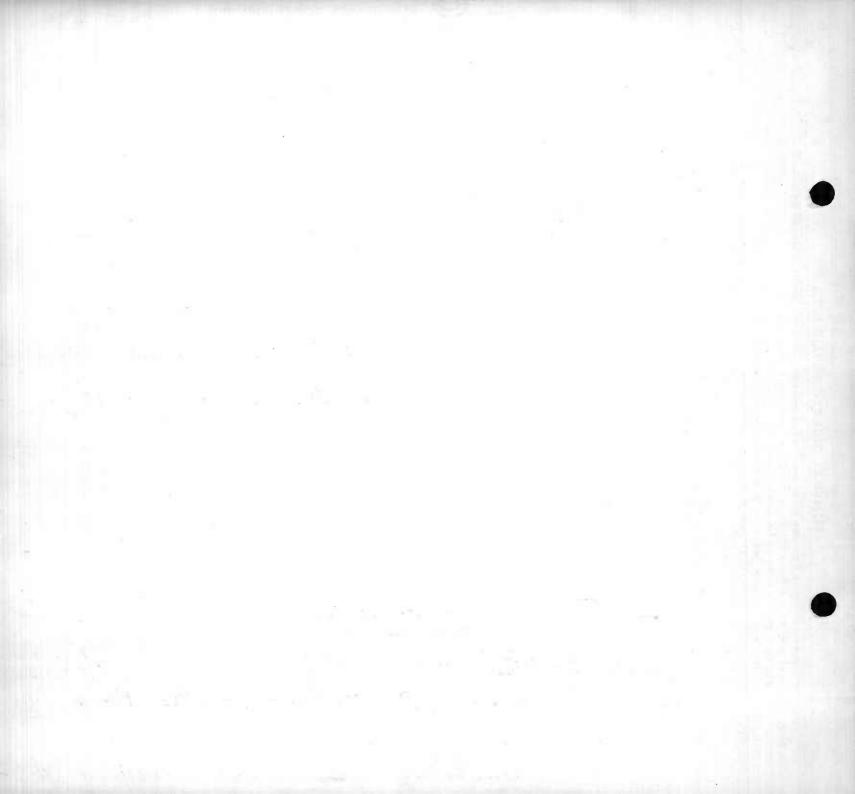




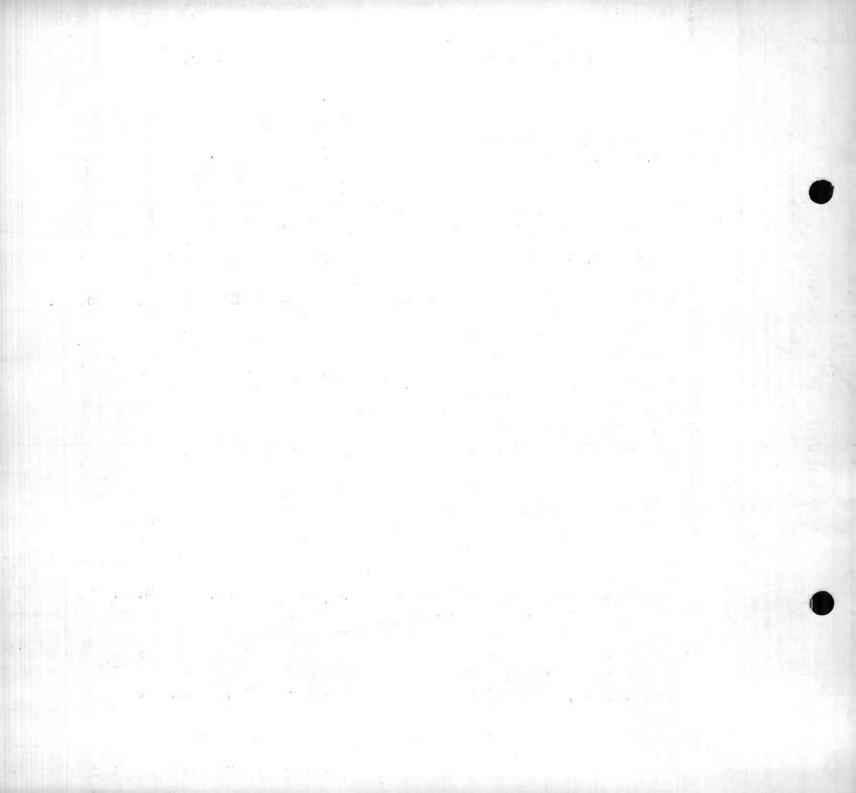




68- 19	BALTIMORE CITY	HEALTH DEPARTMENT		68- 1982
IRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	00 1000
NAME OF DECEASED			D HOUR OF DEATH	
(ype or Print) William	HARRY CASSI	011 2.	-18-68	
PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If ins	titution: residence before admisse
IIII NAME OF THE NOT IN HOSPITAL OF IN	STITUTION CIVE STREET	Magulan	11	The same of the sa
ULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) 1STITUTION	IZITIOTION, GIVE STREET	C. CITY OR JOWN	D. INSID	E CITY LIMITS?
4211011014		BAIto		YES X NO
5008 Wetheredsv	11/2 81	E. STREET AND NUMBER		
OG 000 WEINERCUST	rie ria	5008 Wethe	pedsulle	Rd
SEX 6. RACE 7. MARS	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 8
MALO White WIDON		5-4-1879	lost birthdoy)	Months Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work 10 B. KIN	<u> </u>	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUN
one during most of working life, even if retired)		0.11		llon
MANAGER - GYE (O		DALTIMORC	-	452
B. FATHER'S NAME	1	14. MOTHER'S MAIDEN NAM		
YORN SAMUEL	(ASSell	LOUISA NICE	ols Smit	h
. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dates of serv	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	215-19-9161	Obnolatta 1	Plassell	- lame
18. 11 29 91	CAUSE OF DEATI	1	LASSELL	APPROXIMATE INTERVA
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DE
LEADING TO DEATH		B. Par	, 0	
	(A) IMMEDIATE CAU	SE QUEUU-NOU	cular accid	ent lake
(This daes not meen the mode of dying, heart failure, asthenia, etc. It means the dise		CONSEQUENCE OF:		
injury at camplication which caused death.)		0 2 1	7	V
ANTECEDENT CAUSES	(Coneler	al arteriorely	erotice:	10 yra,
DISEASES OR CONDITIONS, if ony, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:		Jan.
rise la the abave cause (A) stating UNDERLYING CONDITION lost.				
	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
TO THE DEATH BUT NOT RELATED TO THE TERMIT				
DISEASE OR CONDITION GIVEN IN PART I (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FI	NDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION F			IN CERTIFYING CAU	SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If In Boltimore	City, give exoct location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	fice bldg., INJURY OCCUR?		
		018 (17		
21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Not While Mork At Work			0 0
22. 1 certify that (1) (this hospital) attend		LAOV.	1965 to	Jeb- 18, 1962
		11 1000		
that (1) (we) last saw the deceased alive	an	16, 1968 and the	at In(my) (our) apin	ian death accurred an the
and haur and fram the causes stated above	e. (1) (We) (did) (did not) v	iew the bady after death.		
23A. SIGNATURE	1 . 0			238. DATE SIGNED
MARION YOURS	Phys	nding Med.	Staff Phys.	2 18/68
23C. PHYSICIAN'S	DEGREE	23D. ADDRESS	rnys. —	7.01-0
NAME (Type)	- 1 4.7	Cani Danu IL-	CICTO AL	PALL N
MARVIN GOLDST	EIN M. DEGREE	GOOT LAKK IL F	GH 15 / VE	DATE 10 11
4A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24D. L	OCATION (City	, town, or county) (Stat
BURIAL 2-21-68	M+ MIND+ A	motopy	SALtimox	pp Md
SA. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	JULY I IIIO	ADDRESS
EED 90 INCO A		TOOL LOUIS DIKECTOR	1	ADDKE33
	FO In D. an	FILM DU I	a macont 11	a lib Uchlas
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BALTIMORE CITY HEALTH DEPARTMENT



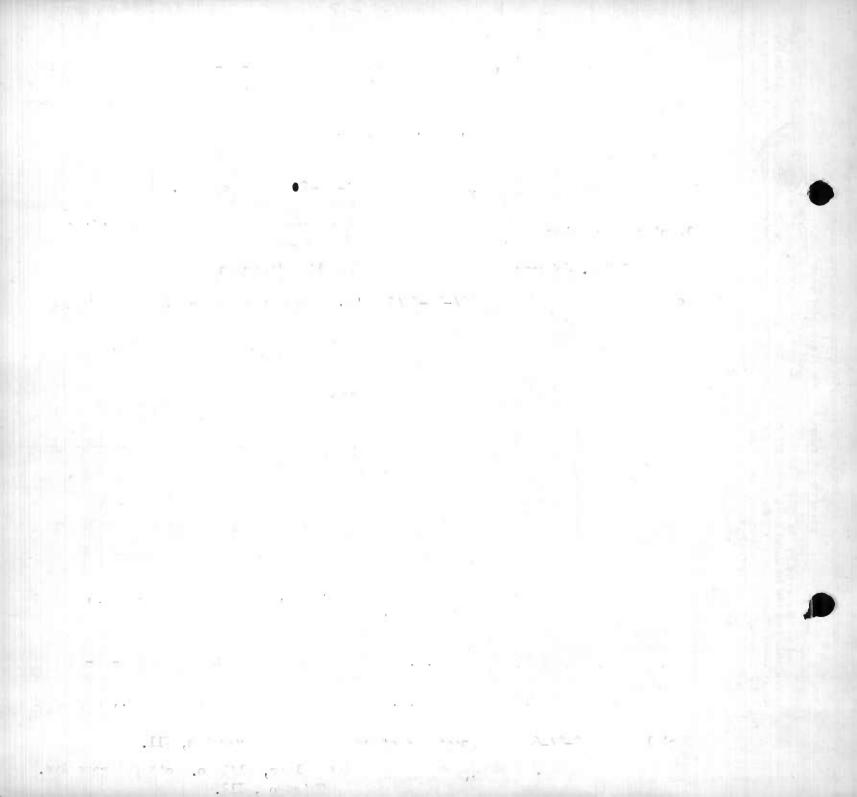
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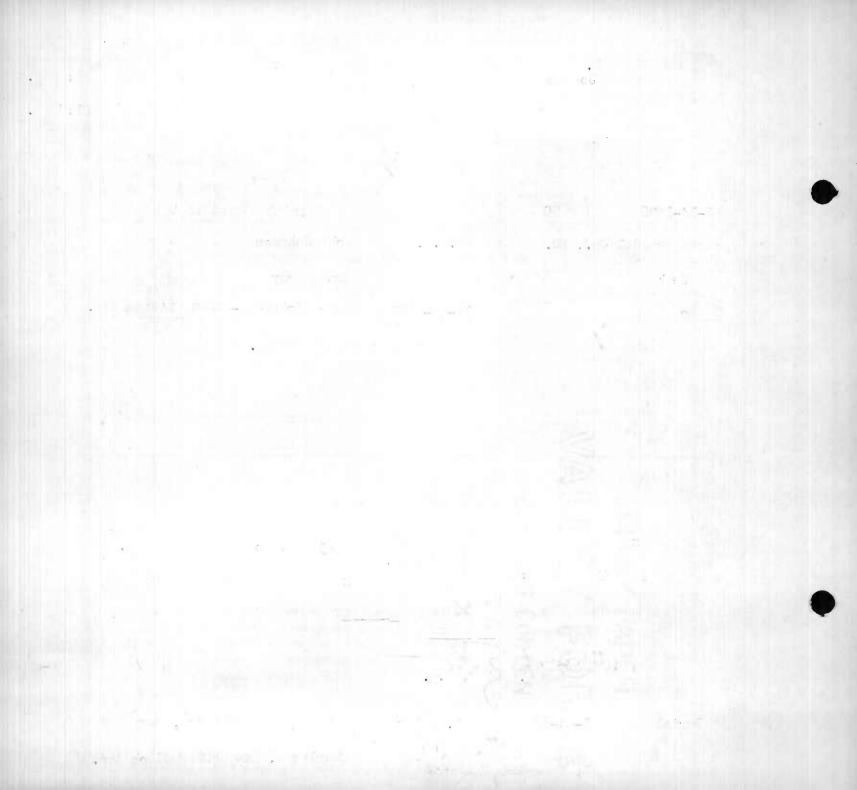
MEC		XAMINER'S	CERTIFICATE	OF DEAT	H REG NO	68- 1984
BIRTH NO.					REG. NO.	
	STARR FO	ORDICE MAGLIANO-	2. DATE Known OF DEATH Estimote	_	Doy Druary 12.	Yeor Hour 1968 2:17 A M
4. PLACE IN BALTIMORE, MARYLAND,			3. DATE	Month	Doy	Year Hour
FULL NAME OF (IF NOT IN HOSPIT HOSPITAL ADDRESS OR LOCAL OR IN STITUTION	AL OR INSTITUTION)	ON, GIVE STREET	PRONOUNCED DE	rebi	ruary 12,	
CITY HOSPITAL			A. STATE Maryla		B. COUNTY	sidence before odmission)
6. SEX 7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR TOWN		D. INSIDE CITY	MITS?
Female White	WIDOWED		Baltimore		YES E	No 🗆
9. DATE OF BIRTH 10. AGE (I lost birthdo		nder 1 Yr. If Under 24 Hrs. ths, Doys Hours Min.	E. STREET AND NUM		, , ,	
June 13, 1944 11. BIRTHPLACE(State or foreign country)		ITIZEN OF	7319 Conley	Street		5370
II. BIKINFLACE (Stole or foreign country)		WHAT COUNTRY?	13. FATHER'S NAME			
Martinsville, Indiana	U	.S.A.	Fordice			
14A.USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	148. KIND OF	BUSINESS OR INDUSTRY	Frances , M			
16. WAS DECEASED EVER IN U.S. ARME	D FORCES?	17. SOCIAL	18. INFORMANT	,	ADDR	ESS
(Yes, no or unknown) (If yes, give wor or dates	of service)	SECURITY NO.	Mr. Benjam	in Maaliar	o 7319 Co	nley St. Balto.
19.		CAUSE OF DEA		3		APPROXIMATE INTERVAL
2-400						BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRE	CTLY	Gunsno	t wound of ch	iest		
LEADING TO DEATH (This does not mean the made of death)	vina e.a.	(A)IMMEDIATE	AS A CONSEQUENCE OF:			
heort foilure, osthenio, etc. It meons th injury or complication which coused de	e diseose,	DOL 10, OK 1	AS A CONSEQUENCE OF:			
ANTECEDENT CAUSES		(R)				
DISEASES OR CONDITIONS, IF AN	Y, GIVING	DUE TO, OR	AS A CONSEQUENCE OF			
RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.	IING IHE					
lo-		(c)				
OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITION SIVEN IN F	THE TERMINAL					
20A. DATE OF OPERATION 20B. CO		WHICH OPERATION W	AS PERFORMED		[2]	I. AUTOPSY? (Yes or No)
3		THE STEER STEER STEER	TO TENT ON MED			Yes
22A. EXTERNAL CAUSE WAS UNDERLYING OF CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yea	22B. I home	PLACE OF INJURY(e.g., e, form, factory, street, office Home	in or obout 22C. WHERE e bldg., etc.) INJURY 30C	DID (If in Boltimo	t 2nd E1	. front bedro
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year		SE INTITION OCCUPATED	22F HOW F	OID INJURY OCC		. If our bedroe
OF INJURY		VHILE AT NOT	MARINE			
(APPROX.) 2 12 68	? m. V	VORK L AT W	ORK X Subj.	shot self	in chest	
1 certify that I held an	Inquiry 🔲	Inspection Au	topsy X and the	t on this basis,	deoth in my opl	nion
resulted from: Natural co	uses 🗌 A	ccident Suicio	le X Hamicide	Undetermi	ined monner	
				ICAL EXAMINER		
ACTUAL \\ \)	1.5	7		DICAL EXAMINER	X	DATE SIGNED
SIGNATURE MULTINA	11/	M.D				
EXAMINER'S WE NAME (Type)	rher by.	Spitz, M.D.	ASSOCIATE MED	OICAL EXAMINER		2-12-68
24A. BURIAL CREMATION, 24B. DATE	24	C. NAME of CEMETERY	or CREMATORY	24D. LOCATION	(City, town, or	
Burial (Specify) 2/16/68	3	Washington Pa	rk Cemetery	Indianap	olis, India	
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL D	DIRECTOR	ADDI	RESS
FEB 20 1968 R.	40	Tallegna	Joseph N	Zannino	263 S. Co	nkling St.
	Marie Co	and and	Joseph 14	2011111107	Balto. 212	
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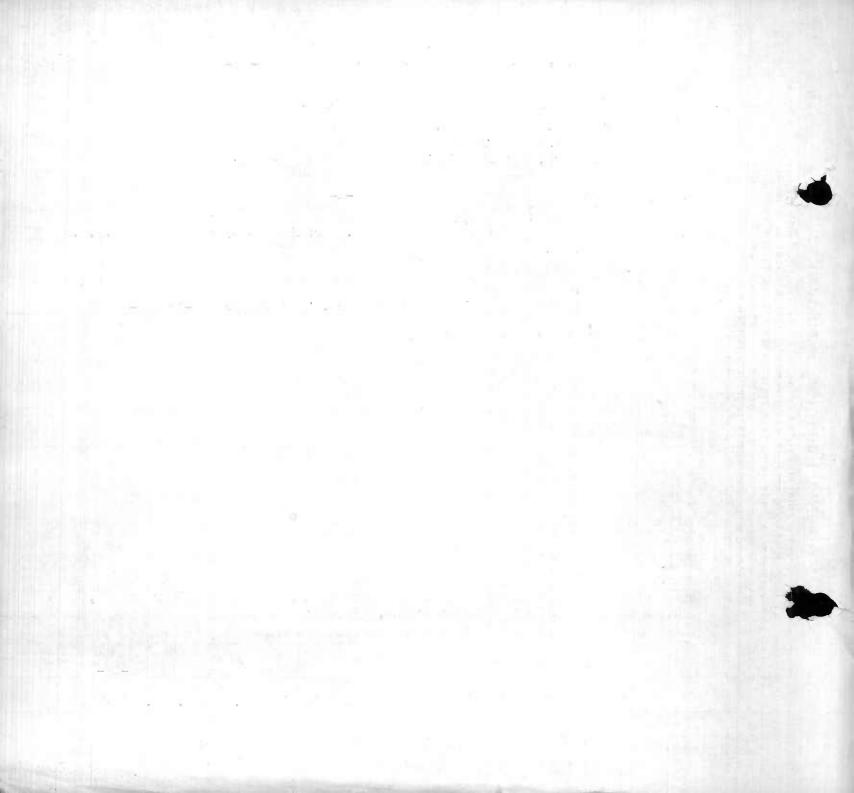


4. USUAL RESIDENCE (Whose deceased lived, If institution: residence before admission)
A. STATE
B. COVNIY NO If Under 24 Hrs. Hours Min. Hours 12. CITIZEN OF WHAT COUNTRY? comon 613 St. Ann BETWEEN ONSET AND DEATH 20B. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) ond that in (my) (our) opinion death occurred on the date (City, town, or county)

VS 150-REV. 1/1/68



VS 150-REV. 1/1/6B



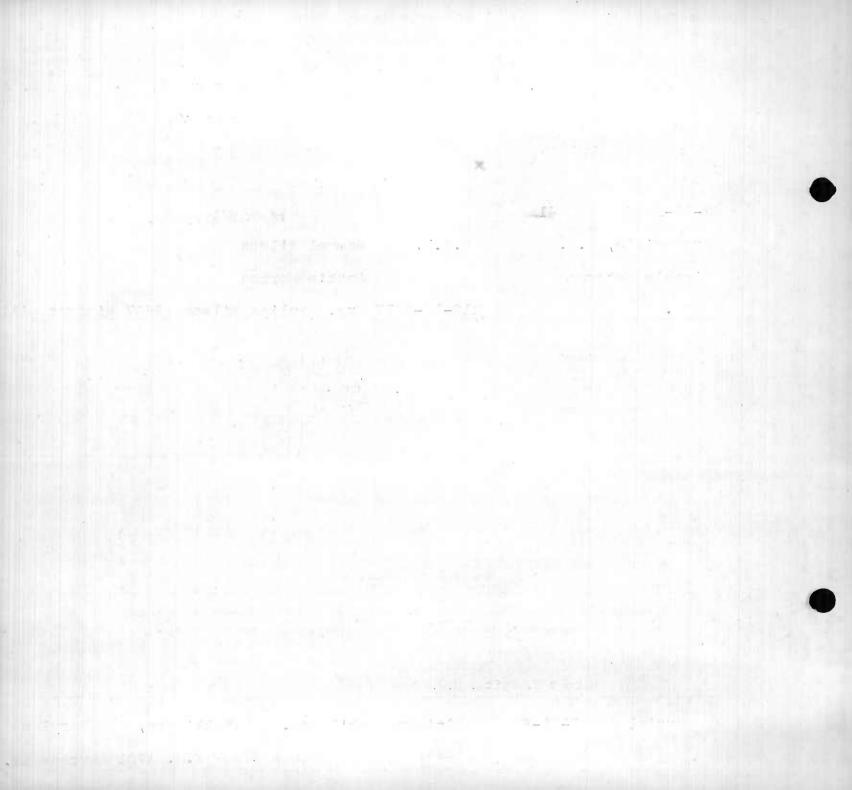
FUNERAL DIRECTOR: IMPORTANT

1/452	BALTIMORE CIT	Y HEALTH DEPARTMENT		0001
BIRTH NO. Y 68-1989	CERTIFIC/	TE OF DEATH	Registered Na.	68- 1985
M.E. CASE NO.		la DATE AND	HOUR OF DEATH	
AT BANK	VICCIATIS			13
3. PLACE OF DEATH IN BALTIMORE, MARYL		4. USUAL RESIDENCE (Where d		8 20 p
S. PLACE OF DEATH IN BALTIMORE, MARIE	AND	A. STATE B. COUNTY	eceosed lived, it institu	ution; residence before damissio
FULL NAME OF (If not in hospital or i	institution, give street	ILA ryland		15 # 5
HOSPITAL OR oddress or location)		C. CITY OR TOWN (If outside	e city limits, write RUR	AL and give township)
		Baltimore		
SINAI HOSP.	of Balto.		ol, give location)	
3/10/1/ 1/03/-		2011 6450	17/-	2 4 11
F CEN 17	MARRIED, NEVER MARRIED	2411 GARR.		
5. SEX 6. RACE 7.	WIDOWED, DIVORCED (specify)	los!	AGE (In years I t birthday)	f Under 1 Yr. If Under 24 H Norths: Doys Hours Min.
17 6	WIDOCUEL	6-8-1906	61	
10A. USUAL OCCUPATION (Give kind of work 10	B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLA CE (State or foreign	country)	2. CITIZEN OF
done during most of working life, even if retired)	1. 6.	K I L	/ 1	WHAT COUNTRY?
	levy's Spongers	14. MOTHERS MAIDEN NAME	ryland	V. S. H.
13. FATHER'S NAME	, , ,	14. MOTHER 3 MAIDEM MAINE	/	
Sudan W'11	10.05	1 - 710	Harrion	
15. Was Deceased Ever in U. 1 Armed Forces	PAMS	17. INFORMANT	TATTE	ADDRESS
15. Was Deceased Ever in U. Armed Forces (Yes, no or unknown) (If yes, give wor or dotes o	f service) SECURITY NO.		1	^
	216-07-013	Mrs. MARIE H	Arris 24	11 GARRISON B
18. LJ 1 2 X	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECT	TIV			ONSET AND DEATH
LEADING TO DEATH	CI	indise Hare	57	5- 30 mm
(This does not mean the mode of dy	ring, e.g., DUE TO			
hearl failure, osthenio, etc. It meons th				000
injury at camplication which coused de	10 m.j	nactable CH	F	Jagres.
ANTECEDENT CAUSES	DUE TO		**************************	
DISEASES OR CONDITIONS, if ony	, giving		7/	\$1.5 GR8
rise to the obove couse (A) students of the UNDERLYING CONDITION last.	oling the (C)	rolongo pe.	1kg	
2 422.2 II				
OTHER SIGNIFICANT CONDITIONS CONTINUES TO THE DEATH BUT NOT RELATED	D TO THE BOLLING	04 ary 147	TARCTION	
DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDIT	TON FOR WHICH OPERATION		OB. IF YES, WERE FIN	
WAS PERFOR				
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Boltimore C	ity, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	etc.)	office bldg., INJURY OCCUR?		
2	14 1 2015 11111111111111111111111111111111	016 1/200		
OF INJURY (Month) (Doy) (Yeor) (21F. HOW DID INJUR	L OCCORS	
(APPROX)	While AI Not Wh	ile		
22 1 (1) (1) : 1 - 1 - 1)	1		68. 3	16 19 68
22. I certify that (1) (this hospital) a				
that (1) (we) last saw the deceased	alive an2 - 16	19 G g and that	in(my) (our) opinia	n death accurred an the d
and haur and from the causes stated	abave. (1) (We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE			125	B, DATE SIGNED
Mere	M.D. At	tending Med. Sta		2.16.68
0	Ph	ys. Director Ph	y s	2.70 6-8
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
Edito	C. GALLEXM.D.	· SIMAI HOSP	. of Ba	140.
24A. BURIAL CREMATION, 24B. DATE			*	
REMOVAL (Specify)	24C. NAME OF CEMETERY OF CI	240. 100	Aligh (City,	town, or county) (State)
Burgel 2-20-6	8 M. HUBURN	Cem. Ka	Himore	Mary LANG
25A. DATE REC'D BY HEALTH DEPT. 25	B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		MARY LANG
FEB 2.0 1968 1	2 A S Fallman	Marchale D.	011 511	1911 /numare
1 2 2 0 1000 UE	DEN C' MONTH !	MORTONE DY	CTT + 111.	1101 MARKENS
VS 150-REV. 1/1/65				

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VS 151-REV. 1/1/68

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4/	BIRTH NO.

VS 151-REV. 1/1/6B

C	1-614	0	68-	199	3 BALTIMORE CIT	TY HEALTH DE	PARTME	NT				
					EXAMINER				DEAT	H REG. NO.	68-	1993
BIR	TH NO.									KEO. 140.2		
1. 1	VAME OF DECE	ASED				2. DAT	K	nown 🔯	Month	Doy	Yeor	Hour
Type or Print) VERNON CRAWFORD				OF DEA1	H E	stimoted 🗌	2	13	68	2:10 p		
4. F	PLACE IN BALTI	MORE, MA	RYLAND, W	HERE PR	ONOUNCED DEAD	3. DATI			Month	Doy	Yeor	Hour
H O	L NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITA	LORINS	TITUTION, GIVE STREET		NOUNCE	F	'ebrua		196	8 2:10p _N efore odmission)
	Uni	versit	y Hosp	ital	D.O.A.	A. STAT	E	ryland		B. COUNTY	2	2-02
6. 5	EX 7	. RACE		B. MARR	IED NEVER MARRIE	D C. CITY	OR TOW	'N		D. INSIDE CIT	Y LIMITS?	
M	ale	Col	ored	WIDOV			Balto			VE	s 🔀 n	NO []
	DATE OF BIRTH	- 001	10. AGE (Ir lost birthdo	yeors	If Under 1 Yr. If Under 2 Months Doys Hours	4 Hrs. E. STRE	ET AND	NUMBER S. Pac	o Ct	110	3 (2)	,0 🗀
1)	BIRTHPLACE (Sta	to an famale			12. CITIZEN OF	12 EAT	HER'S NA		a DL.			
					WHAT COUNTRY?		Un/					
	South C			1 4D WILLIAM	U.S.A.			-	45			
done	during most of wo	rking life, ev	e kind of work en if retired)	14B. KINL	OF BUSINESS OR INC	JUSTRY 15. MO	4		NE .			
							lun	1/6.				
6.	WAS DECEASED	EVERIN	U.S. ARMED	FORCES	? IT. SOCIAL		ORMANT			AD	DRESS	
res	, no or unknown) (I	it yes, give	wor or dotes	of service	SECURITY N		ener	a layl	1	Llan	Burn	i m
	19.	001	7		CAUSE O	- (/	7 - 7 - 7	1	1			PROXIMATE INTERVAL
	2-8	700						U		0.00		EEN ONSET AND DEAT
			ITION DIRE	CTLY	3rd	d and 2n	d deg	ree bur	ns of	25% of	the	
		ADING TO			(A)IMMEI	DIATE CAUSE			body			
	(This does not heart failure, a	meon the sthenio, etc	mode of dy	ing, e.g., diseose,	DUETO	O, OR AS A CON	SEQUENC	E OF;				
	Injury or comp											
	4.5.17	FC-DENIX	CALICEC									
		CONDITI		GIVING	(B)	O, OR AS A CO	NSEQUEN	ICE OF:				.,,-,-
	RISE TO THE	ABOVE CA	USE (A) STA	TING THE		0, 01. 10 1. 00	.ord or.	01.				
z	UNDERLYING	CONDIT	ION LAST.		(c)	******				*************		
의	T 9/1	. (7)	П									
FICATION	OTHER SIGNIF	H BUT NOT	NDITIONS CO	THE TERM	ING Inh	alation	of Ca	rbon Mo	onoxid	e		
					FOR WHICH OPERATION	N WAS DEDE	DAMED				21 AUTOI	PSY? (Yes or No)
CERTIFI	2)	0, 5, 7, 10,	200. CO	VDIIIOIV	TOR WINCH OF ERAIN	SIN WAS TERM	KINED				11. 40101	
يـ												No
S	22A. EXTERN UNDERLYING	AL CAUSE			22B. PLACE OF INJUR home, form, foctory, stre-	Y (e.g., In or obc et. office bldg., et	ut 22C, V	VHERE DID (Y OCCUR?	(If in Boltimo	re City, give exo	t locotion)	- 4
0	UTING CAU	_			Home				S. Pa	ca St.	R of	-02
Σ	22D. TIME (N		Doy) (Yeo) (Hou		RRED 2	22F. H	IOW DID IN.	JURY OCC	UR?		1
	OF INJURY (APPROX.)	^	12 (0 1	WHILE AT	NOT WHILE X	1 0	- £1 a a m				
	23.	2	13 6	8 1:	HODVORK L	AT WORK LA	00	onflagr	atton			
		v shae I h	eld an I	nauley [Inspection K	Autoney]	d that an th	nie basis	death in my	nalaiaa	
		-									7	
	resulte	d fregil N	latural Fau	563 H	Accident K	Suicide	Hamici	de 🗀	Undetermi	ned manner L	_	
		X1	1	I	0		CHIEF	MEDICAL E	XAMINER			DATE SIGNED
	SIGNATUR	E CO	2m	01	VIV	M.D.	SSISTAN	T MEDICAL E	XAMINER	X		DATE STOTED
	EXAMINE						SSOCIAT	E MEDICAL E	XAMINEP			
	NAME (Ty		Edwa	rd F	Wilson, M.D		JJOCIAI	E MEDICAL E	ATT THE THE PERSON	Febru	ary 1	4, 1968
	BURIAL CREM	ATION,	24B. DATE		24C. NAME of CEM		ATORY	24D,	LOCATION		, or county)	,
RE	MOVAL (Specify		- 1									
	Burial		2/17/		Mt. Cal	verv		I	Brook	lyn, Me	rylar	ad
25/	. DATE REC'D B			25B. N	AME OF REGISTRAR	2.	C. FUNE	RAL DIRECTO	OR	Al	DDRESS	
	FEB 2	U 1968	02.0-	7 8	Jacks P.	10	Chan	TAO A	Ria	0 667 W	Pos	rre St.
			100	-	4		ATTOMY.	TOD W	TITC	OOT N	o Dal	1.0 200

Charles A. Rice 661 W. Barre St.



South Carolina

Burdel 8/17/66 Nt. Salvery crooklyn, Maryland

Churches A. Show oat a. Barris at.

IMPORTANT

DIRECTOR:

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STREETE STREET

The general Military Conservation

The state of the second
Belair Memorial Gardens

25B. NAME OF REGISTRAR

Belair, Md.

Ullrich Funeral Home Dundalk, Md.

ADDRESS

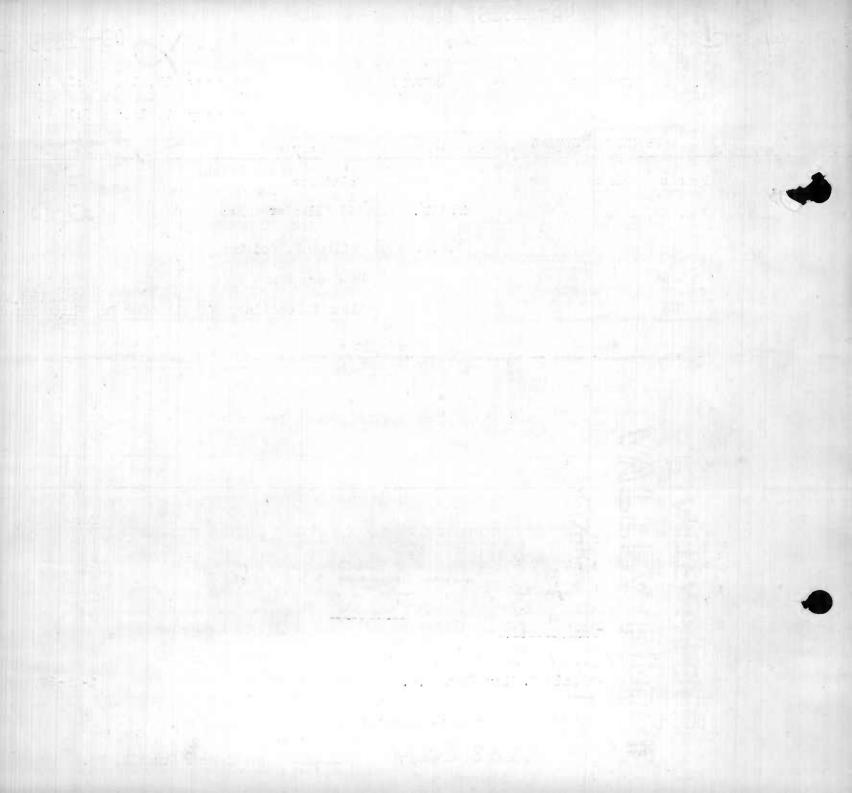
25C. FUNERAL DIRECTOR



REMOVAL (Specify)

Burial
25A. DATE REC

2/21/68



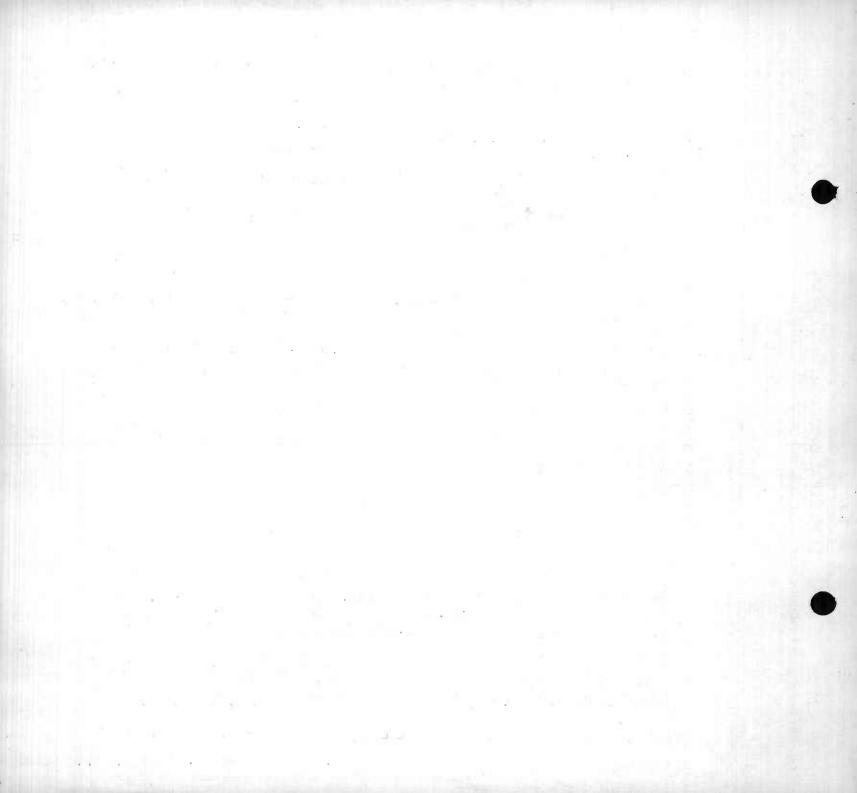
BALTIMORE CITY HEALTH DEPARTMENT	
BIRTH NO. 68- 1997 CERTIFICATE OF DEATH	93
1, NAME OF DECEASED 2, DATE, AND HOUR OF DEATH	
(Type or Print) Lillie E. ButLer 7ebruary 18,19681 1:	45
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence both A. STATE B. COUNTY	ofore a
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARY LAND	1
HOSPITAL OR ADDRESS OR LOCATION) D. INSIDE CITY LIMITS?	7
BOLLON WILL NEWSING - CONVALENCE BALLINGE City YES NO	o 🗖
Center 1321 Eutow Street	
5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yours lost birthdow 7 Months: Doys Ho	Unde
Fe WIDOWED DIVORCED 2 . 9 . 86 82	
tOA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WH	
MARY/AND U.S	3. 1
13. FATHER'S NAME	
UNKNOWN	
15. Was Deceased Ever in U. S. Armod Forces? 16. SOCIAL 17. INFORMANT ADDRESS	
(Yos, no or unknown) (If yes, give war or dates of service) SECURITY NO.	
CAUSE OF DEATH	AATE IL
BETWEEN ON	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying a continuous processing to the dying a continuous processing to the dying and the dying a continuous processing to the dying a cont	
Trins dues not mean the made of syring, e.g., DILE TO OR AS A CONSPONENCE OF	
heart failure, asthenia, etc. It means the disease, injury ar camplicolian which caused deoth.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:	
rise to the above cause (A) stating the UNDERLYING CONDITION last.	

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	RED
700	
OR CONTRIBUTING CAUSE OF home, form, foctory, stroet, office bldg., INJURY OCCUR?	otion)
DEATH (notify medical examiner) otc.)	
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At D Not While D	
(APPROX.) While At Work At Work	
22. I certify that (I) (this haspital) attended the deceased fram / 1/24/68 19 ta 2/18/68	19
that (1) (we) last saw the deceased alive an 2/18/68 19 and that in (my) (aur) apinian death accurre	ed an
and haur and fram the causes stated abave. (1) (We) (did) (did not) view the bady after death.	
23A. SIGNATURE 23B. DATE SIGNED	
Attending Mod. Shaff 2 /30/6	8
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS	-
NAME (Type) HOLLIS DEUNARINE ASD WHITEHULL OF , SALT)
DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)	1
REMOVAL (Specify)	
Burial 2-22-68 Mt. Calvary 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRE	ECC
ADDRE	E33
FF8 20 1968 P. D. A. E. Jalouma Charles R. Iaw 802 Madison Ave.	

THE THE MINISTER STR.

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



25C. FUNERAL DIRECTOR

ADDRESS

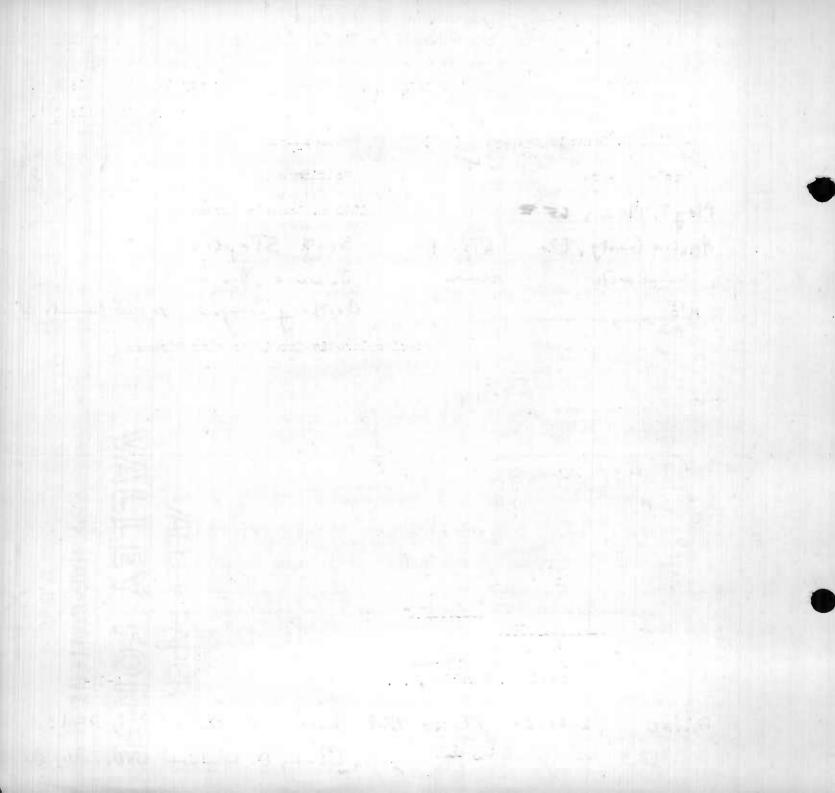
BuriAL

VS 151-REV, 1/1/6B

25A. DATE REC'D BY HEALTH DEPT.

2-23-68

25B. NAME OF



VS 151-REV. 1/1/68

25C. FUNERAL DIRECTOR

ADDRESS

NAME OF REGISTR

